

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 11:00 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/24/2017 Time: 11:00 am
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 PRESENCE MERCY MEDICAL CENTER (14-0174) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(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	323,541	-83,309	-39,120	0	1.00
2.00 Subprovider - IPF	0	51,307	11		0	2.00
3.00 Subprovider - IRF	0	0	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	374,848	-83,298	-39,120	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0174		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 10:58 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1325 NORTH HIGHLAND AVENUE			PO Box:						1.00	
2.00	City: AURORA			State: IL		Zip Code: 60506		County: KANE		2.00	
		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	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		PRESENCE MERCY MEDICAL CENTER	140174	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF		PRESENCE PSYCH UNIT	14S174	16974	4	07/01/1985	N	P	0	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	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 days	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.	4,390	1,452	0	0	432	663			24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 10:58 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	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)							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)						0.00	62.00		
62.01	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	62.01		
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings						N	63.00		
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)									
				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.						0.00	0.00	0.000000	64.00
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)									
		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.			Y		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)			N	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.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00	2.00	3.00
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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		1.00	2.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H082		140.00
	1.00	2.00	3.00		
141.00	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.				
	Name: PRESENCE HEALTH NETWORK	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131	141.00
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:			142.00
143.00	City: CHICAGO	State: IL	Zip Code: 60606		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
155.00	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)	N	N	N	N
156.00	Hospital	N	N	N	N
157.00	Subprovider - IPF	N	N	N	N
158.00	Subprovider - IRF	N	N	N	N
159.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC	N	N	N	N
					1.00
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
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
167.00	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.25

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 10:58 am
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2015	09/30/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0174		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 10:58 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/19/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/28/2017	Y	04/28/2017		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: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 10:58 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been 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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TENNILLE	TUCKER		41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(630) 914-2652	TENNILLE.TUCKER@PRESENCEHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 10:58 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR ANALYST REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0174

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 10:58 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	210	76,860	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)		210	76,860	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,856	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)		226	82,716	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	66	24,156		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		292				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: 14-0174

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 10:58 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,574	1,909	22,580			1.00
2.00 HMO and other (see instructions)	3,092	4,612				2.00
3.00 HMO IPF Subprovider	0	2,370				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,574	1,909	22,580			7.00
8.00 INTENSIVE CARE UNIT	1,140	217	3,248			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		199	238			13.00
14.00 Total (see instructions)	8,714	2,325	26,066	0.00	681.20	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,809	3,313	11,426	0.00	62.52	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	743.72	27.00
28.00 Observation Bed Days		593	7,240			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			193			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0174

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 10:58 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,965	797	6,775	1.00
2.00	HMO and other (see instructions)			771	1,480		2.00
3.00	HMO IPF Subprovider				429		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,965	797	6,775	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	327	605	1,528	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0174		Period: From 01/01/2016 To 12/31/2016		Worksheet S-3 Part II Date/Time Prepared: 5/24/2017 10:58 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	48,594,397	0	48,594,397	1,588,376.00	30.59	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		5,210,335	-365,390	4,844,945	155,347.00	31.19	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		3,616,291	0	3,616,291	84,810.00	42.64	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		318,722	0	318,722	2,429.00	131.22	13.00
14.00	Home office and/or related organization salaries and wage-related costs		12,993,921	0	12,993,921	248,938.00	52.20	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		11,686,060	0	11,686,060			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,283,685	0	1,283,685			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
25.50	Home office wage-related		0	0	0			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	5,065,251	0	5,065,251	163,996.00	30.89	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2017 10:58 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,660,711	0	1,660,711	64,209.00	25.86
31.00	Laundry & Linen Service	8.00	42,987	0	42,987	2,332.00	18.43
32.00	Housekeeping	9.00	1,262,128	0	1,262,128	84,944.00	14.86
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	881,446	-411,950	469,496	32,990.00	14.23
35.00	Dietary under contract (see instructions)	0	678,171	0	678,171	12,688.00	53.45
36.00	Cafeteria	11.00	0	411,950	411,950	28,947.00	14.23
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,855,326	0	1,855,326	40,383.00	45.94
39.00	Central Services and Supply	14.00	320,791	0	320,791	16,104.00	19.92
40.00	Pharmacy	15.00	2,260,598	0	2,260,598	48,605.00	46.51
41.00	Medical Records & Medical Records Library	16.00	174,663	0	174,663	7,580.00	23.04
42.00	Social Service	17.00	0	0	0	0.00	0.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2017 10:58 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	49,272,568	0	49,272,568	1,601,064.00	30.77	1.00
2.00	Excluded area salaries (see instructions)	5,210,335	-365,390	4,844,945	155,347.00	31.19	2.00
3.00	Subtotal salaries (line 1 minus line 2)	44,062,233	365,390	44,427,623	1,445,717.00	30.73	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,928,934	0	16,928,934	336,177.00	50.36	4.00
5.00	Subtotal wage-related costs (see inst.)	11,686,060	0	11,686,060	0.00	26.30	5.00
6.00	Total (sum of lines 3 thru 5)	72,677,227	365,390	73,042,617	1,781,894.00	40.99	6.00
7.00	Total overhead cost (see instructions)	14,202,072	0	14,202,072	502,778.00	28.25	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2017 10:58 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,781,868	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)	1,730,969	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	4,720,530	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	92,995	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	33,482	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)	154,929	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	672,888	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	3,525,056	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	146,469	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	107,558	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,966,744	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/24/2017 10:58 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		3,616,291	12,966,744 1.00
2.00	Hospital		3,263,396	11,683,060 2.00
3.00	Subprovider - IPF		352,895	1,265,356 3.00
4.00	Subprovider - IRF			
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			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	18,328 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/24/2017 10:58 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.169877	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		47,742,816	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		201,875,567	6.00	
7.00	Medicaid cost (line 1 times line 6)		34,294,016	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	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			1.00		
			2.00		
			3.00		
20.00	Charity care charges for the entire facility (see instructions)	40,846,343	2,525,101	43,371,444	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	6,938,854	428,957	7,367,811	21.00
22.00	Partial payment by patients approved for charity care	534,583	161,496	696,079	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,404,271	267,461	6,671,732	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,834,626	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		500,017	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		6,334,609	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,076,104	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,747,836	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,747,836	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/24/2017 10:58 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,500,119	2,500,119	2,679,475	5,179,594	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,305,256	2,305,256	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	3,049,262	3,049,262	-192	3,049,070	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,065,251	36,693,753	41,759,004	-192,680	41,566,324	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,686,533	2,686,533	-120,334	2,566,199	6.00
7.00	00700	OPERATION OF PLANT	1,660,711	4,329,172	5,989,883	-94,684	5,895,199	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	42,987	432,909	475,896	-130,207	345,689	8.00
9.00	00900	HOUSEKEEPING	1,262,128	648,957	1,911,085	-18,503	1,892,582	9.00
10.00	01000	DIETARY	881,446	1,684,730	2,566,176	-1,218,459	1,347,717	10.00
11.00	01100	CAFETERIA	0	0	0	1,199,320	1,199,320	11.00
13.00	01300	NURSING ADMINISTRATION	1,855,326	593,807	2,449,133	-234,670	2,214,463	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	320,791	439,777	760,568	-401,288	359,280	14.00
15.00	01500	PHARMACY	2,260,598	4,283,116	6,543,714	-3,498,186	3,045,528	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	174,663	680,980	855,643	-2,729	852,914	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,033,460	2,822,412	12,855,872	-808,233	12,047,639	30.00
31.00	03100	INTENSIVE CARE UNIT	2,544,766	1,309,894	3,854,660	-328,561	3,526,099	31.00
40.00	04000	SUBPROVIDER - I/PF	4,742,072	1,672,670	6,414,742	-736,563	5,678,179	40.00
43.00	04300	NURSERY	283,078	434,604	717,682	-11,017	706,665	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,558,274	7,047,601	8,605,875	-5,471,980	3,133,895	50.00
51.00	05100	RECOVERY ROOM	1,208,799	292,550	1,501,349	-33,366	1,467,983	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,295,762	1,444,342	2,740,104	-98,996	2,641,108	52.00
53.00	05300	ANESTHESIOLOGY	90,969	1,215,431	1,306,400	-209,618	1,096,782	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,645,076	938,605	2,583,681	-465,341	2,118,340	54.00
54.02	03630	ULTRA SOUND	423,345	383,408	806,753	-56,664	750,089	54.02
57.00	05700	CT SCAN	529,646	290,651	820,297	-97,893	722,404	57.00
58.00	05800	MRI	233,536	98,601	332,137	-29,878	302,259	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,190,121	9,625,142	10,815,263	-8,862,426	1,952,837	59.00
60.00	06000	LABORATORY	82,479	4,912,489	4,994,968	-126,821	4,868,147	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	544,184	544,184	0	544,184	63.00
65.00	06500	RESPIRATORY THERAPY	869,367	332,411	1,201,778	-109,113	1,092,665	65.00
66.00	06600	PHYSICAL THERAPY	0	1,395,225	1,395,225	-59,398	1,335,827	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	252,597	252,597	-1,347	251,250	67.00
68.00	06800	SPEECH PATHOLOGY	0	373,905	373,905	-3,375	370,530	68.00
69.00	06900	ELECTROCARDIOLOGY	443,513	165,281	608,794	-67,215	541,579	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	1,584	1,584	-486	1,098	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,544,205	2,544,205	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,606,097	14,606,097	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,484,770	3,484,770	73.00
74.00	07400	RENAL DIALYSIS	0	649,173	649,173	0	649,173	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	550,536	96,587	647,123	179,316	826,439	75.01
76.00	03950	OCCUPATIONAL HEALTH	3,630	18,595	22,225	-4,189	18,036	76.00
76.97	07697	CARDIAC REHABILITATION	231,167	79,774	310,941	-13,304	297,637	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	577,649	502,806	1,080,455	-10,178	1,070,277	90.00
90.01	09001	OUTPATIENT PROCEDURES	5,116	21,614	26,730	837,554	864,284	90.01
90.02	09002	PRCC	2,365,193	30,721,311	33,086,504	-837,618	32,248,886	90.02
91.00	09100	EMERGENCY	3,694,679	3,051,283	6,745,962	-818,095	5,927,867	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		2,659,588	2,659,588	-2,659,588	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	48,126,134	131,377,433	179,503,567	2,798	179,506,365	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,278	29,278	-4,879	24,399	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	21,215	5,085	26,300	-197	26,103	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	45,375	8,039	53,414	14,986	68,400	193.03
193.04	19304	FOUNDATION	11,073	15,986	27,059	-11,822	15,237	193.04
193.05	19305	LEASED BLDG	0	12,451	12,451	-823	11,628	193.05
193.07	19307	PARI SH NURSING	153,937	28,699	182,636	0	182,636	193.07
194.00	07950	OP PHARMACY	236,663	1,298,617	1,535,280	-63	1,535,217	194.00
200.00		TOTAL (SUM OF LINES 118-199)	48,594,397	132,775,588	181,369,985	0	181,369,985	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0174

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

Worksheet A
Date/Time Prepared:
5/24/2017 10:58 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	103,987	5,283,581	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,060	2,304,196	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,500,263	5,549,333	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,566,744	37,999,580	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,566,199	6.00
7.00	00700	OPERATION OF PLANT	0	5,895,199	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,903	352,592	8.00
9.00	00900	HOUSEKEEPING	0	1,892,582	9.00
10.00	01000	DIETARY	-492,318	855,399	10.00
11.00	01100	CAFETERIA	0	1,199,320	11.00
13.00	01300	NURSING ADMINISTRATION	-1,462	2,213,001	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	374,878	734,158	14.00
15.00	01500	PHARMACY	0	3,045,528	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,045,981	1,898,895	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-14,672	12,032,967	30.00
31.00	03100	INTENSIVE CARE UNIT	-81,055	3,445,044	31.00
40.00	04000	SUBPROVIDER - I/PF	-672,949	5,005,230	40.00
43.00	04300	NURSERY	-345,060	361,605	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-295,348	2,838,547	50.00
51.00	05100	RECOVERY ROOM	0	1,467,983	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-975,000	1,666,108	52.00
53.00	05300	ANESTHESIOLOGY	-900,000	196,782	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,336	2,114,004	54.00
54.02	03630	ULTRA SOUND	0	750,089	54.02
57.00	05700	CT SCAN	0	722,404	57.00
58.00	05800	MRI	0	302,259	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,952,837	59.00
60.00	06000	LABORATORY	66,635	4,934,782	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	544,184	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,092,665	65.00
66.00	06600	PHYSICAL THERAPY	0	1,335,827	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	251,250	67.00
68.00	06800	SPEECH PATHOLOGY	0	370,530	68.00
69.00	06900	ELECTROCARDIOLOGY	-764	540,815	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	1,098	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,544,205	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,606,097	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,484,770	73.00
74.00	07400	RENAL DIALYSIS	0	649,173	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-483	825,956	75.01
76.00	03950	OCCUPATIONAL HEALTH	-2,905	15,131	76.00
76.97	07697	CARDIAC REHABILITATION	0	297,637	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-5,000	1,065,277	90.00
90.01	09001	OUTPATIENT PROCEDURES	-21,168	843,116	90.01
90.02	09002	PRCC	-7,350,036	24,898,850	90.02
91.00	09100	EMERGENCY	-895,447	5,032,420	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,527,160	167,979,205	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,399	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	26,103	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	193.02
193.03	19303	ADOL SCHOOL	0	68,400	193.03
193.04	19304	FOUNDATION	0	15,237	193.04
193.05	19305	LEASED BLDG	0	11,628	193.05
193.07	19307	PARI SH NURSING	0	182,636	193.07
194.00	07950	OP PHARMACY	0	1,535,217	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-11,527,160	169,842,825	200.00

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 10:58 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,544,205	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,606,097	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
				17,150,302	
B - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,484,770	1.00
				3,484,770	
C - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,679,475	1.00
2.00		0.00	0	0	2.00
				2,679,475	
D - PSYCH ADMIN RECLASS					
1.00	ADULTS & PEDI ATRICS	30.00	264,856	214,225	1.00
2.00	PSYCHI ATRIC/PSYCHOLOGICAL SERVICES	75.01	100,534	81,315	2.00
3.00	ADOL SCHOOL	193.03	8,285	6,703	3.00
			373,675	302,243	
F - CAFETERIA					
1.00	CAFETERIA	11.00	411,950	787,370	1.00
			411,950	787,370	
G - OP PROCEDURES					
1.00	OUTPATIENT PROCEDURES	90.01	653,675	183,879	1.00
			653,675	183,879	
I - EQUIP DEPR					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,305,256	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,219,123	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
	TOTALS		0	5,524,379		
	J - LAB EQUIPMENT					
1.00		0.00	0	0		1.00
	0		0	0		
500.00	Grand Total: Increases		1,439,300	30,112,418		500.00

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 10:58 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - RECLASS SUPPLY COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,681	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	173	0		2.00
3.00	OPERATION OF PLANT	7.00	0	390	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	130,207	0		4.00
5.00	HOUSEKEEPING	9.00	0	14,338	0		5.00
6.00	DIETARY	10.00	0	30	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	7,881	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	372,952	0		8.00
9.00	PHARMACY	15.00	0	2,199	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	409,714	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	233,406	0		11.00
12.00	SUBPROVIDER - IPF	40.00	0	32,697	0		12.00
13.00	NURSERY	43.00	0	10,111	0		13.00
14.00	OPERATING ROOM	50.00	0	5,132,115	0		14.00
15.00	RECOVERY ROOM	51.00	0	27,427	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	72,790	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	176,469	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	361,330	0		18.00
19.00	ULTRA SOUND	54.02	0	29,711	0		19.00
20.00	CT SCAN	57.00	0	97,729	0		20.00
21.00	MRI	58.00	0	28,353	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	8,623,616	0		22.00
23.00	LABORATORY	60.00	0	47,478	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	96,775	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	11,093	0		25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	1,135	0		26.00
27.00	SPEECH PATHOLOGY	68.00	0	1,595	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	6,459	0		28.00
29.00	ELECTROSHOCK THERAPY	70.01	0	486	0		29.00
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	2,533	0		30.00
31.00	OCCUPATIONAL HEALTH	76.00	0	1	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	3,632	0		32.00
33.00	CLINIC	90.00	0	3,577	0		33.00
34.00	PRCC	90.02	0	484,041	0		34.00
35.00	EMERGENCY	91.00	0	716,145	0		35.00
36.00	ADOL SCHOOL	193.03	0	2	0		36.00
37.00	FOUNDATION	193.04	0	31	0		37.00
	O			17,150,302			
B - PHARMACY							
1.00	PHARMACY	15.00	0	3,484,770	0		1.00
	O			3,484,770			
C - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	2,659,588	11		1.00
2.00	PRCC	90.02	0	19,887	0		2.00
	O			2,679,475			
D - PSYCH ADMIN RECLASS							
1.00	SUBPROVIDER - IPF	40.00	373,675	302,243	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		373,675	302,243			
F - CAFETERIA							
1.00	DIETARY	10.00	411,950	787,370	0		1.00
	O		411,950	787,370			
G - OP PROCEDURES							
1.00	ADULTS & PEDIATRICS	30.00	653,675	183,879	0		1.00
	O		653,675	183,879			
I - EQUIP DEPR							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,219,123	9		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	192	9		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	180,999	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	120,161	0		4.00
5.00	OPERATION OF PLANT	7.00	0	94,294	0		5.00
6.00	HOUSEKEEPING	9.00	0	4,165	0		6.00
7.00	DIETARY	10.00	0	19,109	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	226,789	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	28,336	0		9.00
10.00	PHARMACY	15.00	0	11,217	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,729	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	40,046	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	95,155	0		13.00
14.00	SUBPROVIDER - IPF	40.00	0	27,948	0		14.00
15.00	NURSERY	43.00	0	906	0		15.00

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 10:58 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
16.00	OPERATING ROOM	50.00	0	339,865	0			16.00
17.00	RECOVERY ROOM	51.00	0	5,939	0			17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	26,206	0			18.00
19.00	ANESTHESIOLOGY	53.00	0	33,149	0			19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	104,011	0			20.00
21.00	ULTRA SOUND	54.02	0	26,953	0			21.00
22.00	CT SCAN	57.00	0	164	0			22.00
23.00	MRI	58.00	0	1,525	0			23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	238,810	0			24.00
25.00	LABORATORY	60.00	0	79,343	0			25.00
26.00	RESPIRATORY THERAPY	65.00	0	12,338	0			26.00
27.00	PHYSICAL THERAPY	66.00	0	48,305	0			27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	212	0			28.00
29.00	SPEECH PATHOLOGY	68.00	0	1,780	0			29.00
30.00	ELECTROCARDIOLOGY	69.00	0	60,756	0			30.00
31.00	OCCUPATIONAL HEALTH	76.00	0	4,188	0			31.00
32.00	CARDIAC REHABILITATION	76.97	0	9,672	0			32.00
33.00	CLINIC	90.00	0	6,601	0			33.00
34.00	PRCC	90.02	0	333,690	0			34.00
35.00	EMERGENCY	91.00	0	101,950	0			35.00
36.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4,879	0			36.00
37.00	MASSAGE THERAPY	193.01	0	197	0			37.00
38.00	FOUNDATION	193.04	0	11,791	0			38.00
39.00	LEASED BLDG	193.05	0	823	0			39.00
40.00	OP PHARMACY	194.00	0	63	0			40.00
	TOTALS		0	5,524,379				
	J - LAB EQUIPMENT							
1.00		0.00	0	0	0			1.00
			0	0				
500.00	Grand Total: Decreases		1,439,300	30,112,418				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2017 10:58 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,545,766	0	0	0	1.00
2.00	Land Improvements	4,527,913	28,120	0	33,999	2.00
3.00	Buildings and Fixtures	125,851,228	984,018	0	4,065,139	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	902,212	0	0	0	5.00
6.00	Movable Equipment	51,063,122	1,197,889	0	-1,923,455	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	186,890,241	2,210,027	0	2,175,683	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	186,890,241	2,210,027	0	2,175,683	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,545,766	0			1.00
2.00	Land Improvements	4,522,034	0			2.00
3.00	Buildings and Fixtures	122,770,107	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	902,212	0			5.00
6.00	Movable Equipment	54,184,466	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	186,924,585	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	186,924,585	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2017 10:58 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,500,119	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,500,119	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,500,119				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,500,119				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2017 10:58 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	135,827,119	0	135,827,119	0.726775	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	51,063,122	0	51,063,122	0.273225	0	2.00
3.00	Total (sum of lines 1-2)	186,890,241	0	186,890,241	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	2,756,904	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,305,256	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,062,160	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	2,526,677	0	0	0	5,283,581	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	-1,060	2,304,196	2.00
3.00	Total (sum of lines 1-2)	2,526,677	0	0	-1,060	7,587,777	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-158,767	CAP REL COSTS-BLDG & FIXT		1.00	11 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)	B	-43,775	ADMINISTRATIVE & GENERAL		5.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-144,000	ADMINISTRATIVE & GENERAL		5.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-11,860,105				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	-152,533				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	B	-9,339	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00		0			0.00	0 33.00
34.00		0			0.00	0 34.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
35.00 MISC A&G INCOME OFFSET	B	-31,100	ADMINISTRATIVE & GENERAL	5.00	0	35.00
37.00		0		0.00	0	37.00
38.00 CAFETERIA AND VENDING SALES	B	-492,318	DIETARY	10.00	0	38.00
38.01		0		0.00	0	38.01
39.00		0		0.00	0	39.00
40.00 MISC INCOME SUBPROVIDER	B	-66,700	SUBPROVIDER - IPF	40.00	0	40.00
41.00		0		0.00	0	41.00
42.00		0		0.00	0	42.00
43.00 MISC INCOME - CLINIC	B	-5,000	CLINIC	90.00	0	43.00
44.02 INTEREST INCOME OFFSET HOME OFFICE	B	5,969	CAP REL COSTS-BLDG & FIXT	1.00	11	44.02
44.03 PENSION FUNDING AND AVERAGING	A	1,587,236	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.03
44.04		0		0.00	0	44.04
44.05 MISC INCOME NURSING ADMIN	B	-1,462	NURSING ADMINISTRATION	13.00	0	44.05
44.06 NON-ALLOW DONATIONS, SPONSORSHI	A	-4,336	RADIOLOGY-DIAGNOSTIC	54.00	0	44.06
45.03 CBISA CONTRIBUTION	A	-23,505	ADMINISTRATIVE & GENERAL	5.00	0	45.03
45.04 RENT INCOME CARDIO PULMONARY	B	-764	ELECTROCARDIOLOGY	69.00	0	45.04
45.06		0		0.00	0	45.06
45.07		0		0.00	0	45.07
45.13		0		0.00	0	45.13
45.16 NON ALLOWABLE MARKETING	A	407	ADMINISTRATIVE & GENERAL	5.00	0	45.16
45.18 NON ALLOWABLE LOBBYING DUES	A	-38,887	ADMINISTRATIVE & GENERAL	5.00	0	45.18
45.19 OFFSET UNUSED BUILDING DEPR	A	-1,060	CAP REL COSTS-MVBLE EQUIP	2.00	14	45.19
47.00 OTHER MINISTRY EXPENSES	A	-87,121	ADMINISTRATIVE & GENERAL	5.00	0	47.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,527,160				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0174

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2017 10:58 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL-BLDG & FIXTURES	256,785	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	913,027	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	A&G	16,933,453	20,107,724	3.00
3.01	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	6,903	0	3.01
3.02	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES	374,878	0	3.02
3.03	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1,055,320	0	3.03
3.04	31.00	INTENSIVE CARE UNIT	ICU	348,190	0	3.04
3.05	60.00	LABORATORY	LAB	4,757,864	4,691,229	3.05
4.00	0.00			0	0	4.00
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
4.03	0.00			0	0	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			24,646,420	24,798,953	5.00

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

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

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

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

6.00	B	100.00	PRESENCE HEALTH	100.00	6.00
7.00	C	0.00	ALVERNO LAB	66.67	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0174

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2017 10:58 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	256,785	9		1.00
2.00	913,027	0		2.00
3.00	-3,174,271	0		3.00
3.01	6,903	0		3.01
3.02	374,878	0		3.02
3.03	1,055,320	0		3.03
3.04	348,190	0		3.04
3.05	66,635	0		3.05
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
5.00	-152,533			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	HEALTHCARE CHAIN		6.00
7.00	LABORATORY		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0174

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2017 10:58 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	131,259	0	131,259	211,500	1,050	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	38,080	0	38,080	179,000	272	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	431,177	428,382	2,795	211,500	19	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	630,393	594,440	35,953	181,300	277	4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	179,000	0	5.00
6.00	43.00	AGGREGATE-NURSERY	345,060	345,060	0	0	0	6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	295,348	295,348	0	246,400	0	7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	975,000	975,000	0	237,100	0	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	900,000	900,000	0	239,400	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	54,000	0	54,000	260,300	470	10.00
11.00	75.01	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	1,355	0	1,355	181,300	10	11.00
12.00	76.00	AGGREGATE-OCCUPATIONAL HEALTH	2,905	2,905	0	0	0	12.00
13.00	90.01	AGGREGATE-OUTPATIENT PROCEDURES	21,168	21,168	0	0	0	13.00
14.00	90.02	AGGREGATE-PRCC	7,350,036	7,350,036	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	957,270	866,037	91,233	211,500	608	15.00
200.00			12,133,051	11,778,376	354,675		2,706	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	106,767	5,338	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	23,408	1,170	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	1,932	97	0	0	0	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	24,144	1,207	0	0	0	4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	58,818	2,941	0	0	0	10.00
11.00	75.01	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	872	44	0	0	0	11.00
12.00	76.00	AGGREGATE-OCCUPATIONAL HEALTH	0	0	0	0	0	12.00
13.00	90.01	AGGREGATE-OUTPATIENT PROCEDURES	0	0	0	0	0	13.00
14.00	90.02	AGGREGATE-PRCC	0	0	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	61,823	3,091	0	0	0	15.00
200.00			277,764	13,888	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	106,767	24,492	24,492	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	23,408	14,672	14,672	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	1,932	863	429,245	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	24,144	11,809	606,249	4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	0	5.00
6.00	43.00	AGGREGATE-NURSERY	0	0	0	345,060	6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	295,348	7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	975,000	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	900,000	9.00
10.00	60.00	AGGREGATE-LABORATORY	0	58,818	0	0	10.00
11.00	75.01	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	0	872	483	483	11.00
12.00	76.00	AGGREGATE-OCCUPATIONAL HEALTH	0	0	0	2,905	12.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0174

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2017 10:58 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
13.00	90.01	AGGREGATE-OUTPATIENT PROCEDURES	0	0	0	21,168		13.00
14.00	90.02	AGGREGATE-PRCC	0	0	0	7,350,036		14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	61,823	29,410	895,447		15.00
200.00			0	277,764	81,729	11,860,105		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 10:58 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,283,581	5,283,581			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,304,196		2,304,196		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,549,333	39,552	17,249	5,606,134	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	37,999,580	452,180	197,198	584,358	5.00
6.00 00600	MAINTENANCE & REPAIRS	2,566,199	1,368,860	596,967	0	6.00
7.00 00700	OPERATION OF PLANT	5,895,199	11,758	5,128	191,590	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	352,592	6,619	2,886	4,959	8.00
9.00 00900	HOUSEKEEPING	1,892,582	91,575	39,936	145,607	9.00
10.00 01000	DIETARY	855,399	166,773	72,730	101,689	10.00
11.00 01100	CAFETERIA	1,199,320	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,213,001	48,575	21,184	214,042	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	734,158	155,855	67,969	37,008	14.00
15.00 01500	PHARMACY	3,045,528	113,995	49,714	260,796	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,898,895	99,236	43,277	20,150	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	12,032,967	740,172	322,793	1,157,514	30.00
31.00 03100	INTENSIVE CARE UNIT	3,445,044	205,026	89,413	293,579	31.00
40.00 04000	SUBPROVIDER - IPF	5,005,230	397,465	173,336	547,074	40.00
43.00 04300	NURSERY	361,605	12,375	5,397	32,658	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,838,547	306,263	133,563	179,772	50.00
51.00 05100	RECOVERY ROOM	1,467,983	240,992	105,098	139,454	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,666,108	186,192	81,199	149,487	52.00
53.00 05300	ANESTHESIOLOGY	196,782	6,736	2,937	10,495	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,114,004	130,509	56,916	189,786	54.00
54.02 03630	ULTRA SOUND	750,089	30,401	13,258	48,840	54.02
57.00 05700	CT SCAN	722,404	15,035	6,557	61,103	57.00
58.00 05800	MRI	302,259	27,187	11,856	26,942	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,952,837	34,870	15,207	137,299	59.00
60.00 06000	LABORATORY	4,934,782	7,002	3,053	9,515	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	544,184	5,735	2,501	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,092,665	11,141	4,859	100,295	65.00
66.00 06600	PHYSICAL THERAPY	1,335,827	1,458	636	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	251,250	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	370,530	3,288	1,434	0	68.00
69.00 06900	ELECTROCARDIOLOGY	540,815	34,529	15,058	51,166	69.00
70.01 03320	ELECTROSHOCK THERAPY	1,098	0	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,544,205	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	14,606,097	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,484,770	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	649,173	5,576	2,432	0	74.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	825,956	93,309	40,693	63,513	75.01
76.00 03950	OCCUPATIONAL HEALTH	15,131	1,362	594	419	76.00
76.97 07697	CARDIAC REHABILITATION	297,637	29,890	13,035	26,669	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	1,065,277	10,247	4,469	66,641	90.00
90.01 09001	OUTPATIENT PROCEDURES	843,116	0	0	590	90.01
90.02 09002	PRCC	24,898,850	0	0	272,863	90.02
91.00 09100	EMERGENCY	5,032,420	172,625	75,283	426,240	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	167,979,205	5,264,363	2,295,815	5,552,113	167,897,585
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,399	0	0	0	190.00
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	192.01
193.01 19301	MASSAGE THERAPY	26,103	4,246	1,852	2,447	193.01
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03 19303	ADOL SCHOOL	68,400	0	0	5,235	193.03
193.04 19304	FOUNDATION	15,237	7,417	3,234	1,277	193.04
193.05 19305	LEASED BLDG	11,628	4,522	1,972	0	193.05
193.07 19307	PARI SH NURSING	182,636	3,033	1,323	17,759	193.07
194.00 07950	OP PHARMACY	1,535,217	0	0	27,303	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	169,842,825	5,283,581	2,304,196	5,606,134	169,842,825

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0174		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/24/2017 10:58 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	39,233,316					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,361,357	5,893,383				6.00
7.00	00700	OPERATION OF PLANT	1,833,459	20,244	7,957,378			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	110,258	11,395	15,439	504,148		8.00
9.00	00900	HOUSEKEEPING	651,748	157,664	213,616	0	3,192,728	9.00
10.00	01000	DIETARY	359,439	287,134	389,031	0	160,717	10.00
11.00	01100	CAFETERIA	360,259	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	750,004	83,632	113,311	0	46,811	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	298,881	268,337	363,564	0	150,196	14.00
15.00	01500	PHARMACY	1,042,349	196,265	265,915	0	109,855	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	619,263	170,855	231,488	0	95,632	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,281,536	1,274,361	1,726,599	304,656	713,294	30.00
31.00	03100	INTENSIVE CARE UNIT	1,211,475	352,995	478,265	43,452	197,581	31.00
40.00	04000	SUBPROVIDER - I/PF	1,839,295	684,318	927,166	152,856	383,031	40.00
43.00	04300	NURSERY	123,770	21,307	28,868	3,184	11,926	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,038,778	527,295	714,419	0	295,141	50.00
51.00	05100	RECOVERY ROOM	586,812	414,918	562,163	0	232,241	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	625,700	320,569	434,331	0	179,431	52.00
53.00	05300	ANESTHESIOLOGY	65,169	11,597	15,712	0	6,491	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	748,326	224,698	304,439	0	125,770	54.00
54.02	03630	ULTRA SOUND	253,102	52,341	70,916	0	29,297	54.02
57.00	05700	CT SCAN	241,840	25,887	35,073	0	14,489	57.00
58.00	05800	MRI	110,615	46,808	63,420	0	26,200	58.00
59.00	05900	CARDIAC CATHETERIZATION	642,890	60,036	81,341	0	33,604	59.00
60.00	06000	LABORATORY	1,488,218	12,055	16,333	0	6,747	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	165,939	9,875	13,379	0	5,527	63.00
65.00	06500	RESPIRATORY THERAPY	363,155	19,181	25,988	0	10,736	65.00
66.00	06600	PHYSICAL THERAPY	401,893	2,510	3,401	0	1,405	66.00
67.00	06700	OCCUPATIONAL THERAPY	75,472	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	112,720	5,661	7,670	0	3,169	68.00
69.00	06900	ELECTROCARDIOLOGY	192,718	59,449	80,547	0	33,275	69.00
70.01	03320	ELECTROSHOCK THERAPY	330	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	764,244	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,387,467	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,046,776	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	197,408	9,600	13,007	0	5,373	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	307,436	160,651	217,662	0	89,921	75.01
76.00	03950	OCCUPATIONAL HEALTH	5,259	2,345	3,177	0	1,313	76.00
76.97	07697	CARDIAC REHABILITATION	110,311	51,462	69,724	0	28,805	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	344,433	17,642	23,903	0	9,875	90.00
90.01	09001	OUTPATIENT PROCEDURES	253,437	0	0	0	0	90.01
90.02	09002	PRCC	7,561,279	0	0	0	0	90.02
91.00	09100	EMERGENCY	1,714,173	297,210	402,683	0	166,357	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,648,993	5,860,297	7,912,550	504,148	3,174,210	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,329	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	10,408	7,310	9,904	0	4,091	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	22,119	0	0	0	0	193.03
193.04	19304	FOUNDATION	8,160	12,769	17,301	0	7,147	193.04
193.05	19305	LEASED BLDG	5,444	7,786	10,549	0	4,358	193.05
193.07	19307	PARI SH NURSING	61,504	5,221	7,074	0	2,922	193.07
194.00	07950	OP PHARMACY	469,359	0	0	0	0	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)	39,233,316	5,893,383	7,957,378	504,148	3,192,728	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0174		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/24/2017 10:58 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,392,912					10.00
11.00	01100	CAFETERIA	0	1,559,579				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,490,560			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	48,228	2,124,196		14.00
15.00	01500	PHARMACY	0	0	145,561	0	5,229,978	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	22,700	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,454,234	947,796	1,006,570	9,139	49,705	30.00
31.00	03100	INTENSIVE CARE UNIT	138,683	90,386	212,353	2,664	15,975	31.00
40.00	04000	SUBPROVIDER - I/PF	714,747	465,836	426,686	2,701	97	40.00
43.00	04300	NURSERY	3,582	2,335	22,416	428	211	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	122,851	7,574	15,320	50.00
51.00	05100	RECOVERY ROOM	0	0	89,675	1,280	2,008	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,254	4,728	108,444	879	2,198	52.00
53.00	05300	ANESTHESIOLOGY	0	0	13,324	1,215	5,836	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	144,186	2,507	3,549	54.00
54.02	03630	ULTRA SOUND	0	0	29,879	294	0	54.02
57.00	05700	CT SCAN	0	0	40,534	295	13,669	57.00
58.00	05800	MRI	0	0	15,779	123	4,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	84,614	2,796	0	59.00
60.00	06000	LABORATORY	0	0	6,574	1,147	194	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63,518	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	88,984	3,077	272	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,788	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	46	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	629	106	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	40,265	653	4,766	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	326	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	296,965	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,704,857	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,035,531	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	60,518	235	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	740	128	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	21,077	619	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	50,746	993	796	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	67,361	0	0	90.01
90.02	09002	PRCC	0	0	239,315	10,272	3,972,549	90.02
91.00	09100	EMERGENCY	74,412	48,498	342,641	6,115	52,071	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,392,912	1,559,579	3,452,021	2,122,937	5,179,223	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	97	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	2,626	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	5,232	26	0	193.03
193.04	19304	FOUNDATION	0	0	0	6	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARI SH NURSING	0	0	15,833	0	0	193.07
194.00	07950	OP PHARMACY	0	0	14,848	1,130	50,755	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)	2,392,912	1,559,579	3,490,560	2,124,196	5,229,978	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 10:58 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	24.00	25.00	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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,201,496				16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	329,119	26,350,455	0	26,350,455	30.00
31.00	03100	INTENSIVE CARE UNIT	87,243	6,864,134	0	6,864,134	31.00
40.00	04000	SUBPROVIDER - IPF	95,273	11,815,111	0	11,815,111	40.00
43.00	04300	NURSERY	1,874	631,936	0	631,936	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	427,654	6,607,177	0	6,607,177	50.00
51.00	05100	RECOVERY ROOM	87,543	3,930,167	0	3,930,167	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,660	3,778,180	0	3,778,180	52.00
53.00	05300	ANESTHESIOLOGY	34,209	370,503	0	370,503	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,030	4,135,720	0	4,135,720	54.00
54.02	03630	ULTRA SOUND	35,581	1,313,998	0	1,313,998	54.02
57.00	05700	CT SCAN	188,186	1,365,072	0	1,365,072	57.00
58.00	05800	MRI	35,629	670,862	0	670,862	58.00
59.00	05900	CARDIAC CATHETERIZATION	309,611	3,355,105	0	3,355,105	59.00
60.00	06000	LABORATORY	222,219	6,707,839	0	6,707,839	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,675	817,333	0	817,333	63.00
65.00	06500	RESPIRATORY THERAPY	44,579	1,764,932	0	1,764,932	65.00
66.00	06600	PHYSICAL THERAPY	22,676	1,771,594	0	1,771,594	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,500	331,268	0	331,268	67.00
68.00	06800	SPEECH PATHOLOGY	4,351	509,558	0	509,558	68.00
69.00	06900	ELECTROCARDIOLOGY	81,271	1,134,512	0	1,134,512	69.00
70.01	03320	ELECTROSHOCK THERAPY	760	2,514	0	2,514	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,356	3,640,770	0	3,640,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,698,421	0	20,698,421	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	248,478	5,815,555	0	5,815,555	73.00
74.00	07400	RENAL DIALYSIS	15,921	898,490	0	898,490	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,194	1,868,088	0	1,868,088	75.01
76.00	03950	OCCUPATIONAL HEALTH	5	30,473	0	30,473	76.00
76.97	07697	CARDIAC REHABILITATION	9,369	658,598	0	658,598	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	1,595,022	0	1,595,022	90.00
90.01	09001	OUTPATIENT PROCEDURES	343	1,164,847	0	1,164,847	90.01
90.02	09002	PRCC	439,237	37,394,365	0	37,394,365	90.02
91.00	09100	EMERGENCY	320,851	9,131,579	0	9,131,579	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,199,397	167,124,178	0	167,124,178	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,825	0	31,825	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	68,987	0	68,987	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	101,012	0	101,012	193.03
193.04	19304	FOUNDATION	0	72,548	0	72,548	193.04
193.05	19305	LEASED BLDG	0	46,259	0	46,259	193.05
193.07	19307	PARISH NURSING	0	297,305	0	297,305	193.07
194.00	07950	OP PHARMACY	2,099	2,100,711	0	2,100,711	194.00
200.00		Cross Foot Adjustments		0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,201,496	169,842,825	0	169,842,825	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 10:58 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	39,552	17,249	56,801	56,801 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	452,180	197,198	649,378	5,921 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	1,368,860	596,967	1,965,827	0 6.00
7.00 00700	OPERATION OF PLANT	0	11,758	5,128	16,886	1,941 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	6,619	2,886	9,505	50 8.00
9.00 00900	HOUSEKEEPING	0	91,575	39,936	131,511	1,475 9.00
10.00 01000	DIETARY	0	166,773	72,730	239,503	1,030 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	48,575	21,184	69,759	2,169 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	155,855	67,969	223,824	375 14.00
15.00 01500	PHARMACY	0	113,995	49,714	163,709	2,643 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	99,236	43,277	142,513	204 16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	740,172	322,793	1,062,965	11,726 30.00
31.00 03100	INTENSIVE CARE UNIT	0	205,026	89,413	294,439	2,975 31.00
40.00 04000	SUBPROVIDER - IPF	0	397,465	173,336	570,801	5,543 40.00
43.00 04300	NURSERY	0	12,375	5,397	17,772	331 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	306,263	133,563	439,826	1,822 50.00
51.00 05100	RECOVERY ROOM	0	240,992	105,098	346,090	1,413 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	186,192	81,199	267,391	1,515 52.00
53.00 05300	ANESTHESIOLOGY	0	6,736	2,937	9,673	106 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	130,509	56,916	187,425	1,923 54.00
54.02 03630	ULTRA SOUND	0	30,401	13,258	43,659	495 54.02
57.00 05700	CT SCAN	0	15,035	6,557	21,592	619 57.00
58.00 05800	MRI	0	27,187	11,856	39,043	273 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	34,870	15,207	50,077	1,391 59.00
60.00 06000	LABORATORY	0	7,002	3,053	10,055	96 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	5,735	2,501	8,236	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	11,141	4,859	16,000	1,016 65.00
66.00 06600	PHYSICAL THERAPY	0	1,458	636	2,094	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	3,288	1,434	4,722	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	34,529	15,058	49,587	518 69.00
70.01 03320	ELECTROSHOCK THERAPY	0	0	0	0	0 70.01
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	5,576	2,432	8,008	0 74.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	93,309	40,693	134,002	644 75.01
76.00 03950	OCCUPATIONAL HEALTH	0	1,362	594	1,956	4 76.00
76.97 07697	CARDIAC REHABILITATION	0	29,890	13,035	42,925	270 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	10,247	4,469	14,716	675 90.00
90.01 09001	OUTPATIENT PROCEDURES	0	0	0	0	6 90.01
90.02 09002	PRCC	0	0	0	0	2,765 90.02
91.00 09100	EMERGENCY	0	172,625	75,283	247,908	4,319 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,264,363	2,295,815	7,560,178	56,253 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0 192.01
193.01 19301	MASSAGE THERAPY	0	4,246	1,852	6,098	25 193.01
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0 193.02
193.03 19303	ADOL SCHOOL	0	0	0	0	53 193.03
193.04 19304	FOUNDATION	0	7,417	3,234	10,651	13 193.04
193.05 19305	LEASED BLDG	0	4,522	1,972	6,494	0 193.05
193.07 19307	PARI SH NURSING	0	3,033	1,323	4,356	180 193.07
194.00 07950	OP PHARMACY	0	0	0	0	277 194.00
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	5,283,581	2,304,196	7,587,777	56,801 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0174		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 10:58 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	655,299					5.00
6.00	00600	MAINTENANCE & REPAIRS	22,737	1,988,564				6.00
7.00	00700	OPERATION OF PLANT	30,622	6,831	56,280			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,842	3,845	109	15,351		8.00
9.00	00900	HOUSEKEEPING	10,885	53,200	1,511	0	198,582	9.00
10.00	01000	DIETARY	6,003	96,886	2,751	0	9,996	10.00
11.00	01100	CAFETERIA	6,017	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	12,526	28,219	801	0	2,912	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,992	90,543	2,571	0	9,342	14.00
15.00	01500	PHARMACY	17,409	66,224	1,881	0	6,833	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,343	57,650	1,637	0	5,948	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,510	430,001	12,212	9,277	44,364	30.00
31.00	03100	INTENSIVE CARE UNIT	20,234	119,109	3,383	1,323	12,289	31.00
40.00	04000	SUBPROVIDER - IPF	30,720	230,905	6,558	4,654	23,824	40.00
43.00	04300	NURSERY	2,067	7,189	204	97	742	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,350	177,921	5,053	0	18,357	50.00
51.00	05100	RECOVERY ROOM	9,801	140,003	3,976	0	14,445	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,450	108,167	3,072	0	11,160	52.00
53.00	05300	ANESTHESIOLOGY	1,088	3,913	111	0	404	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,498	75,818	2,153	0	7,823	54.00
54.02	03630	ULTRA SOUND	4,227	17,661	502	0	1,822	54.02
57.00	05700	CT SCAN	4,039	8,735	248	0	901	57.00
58.00	05800	MRI	1,847	15,794	449	0	1,630	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,737	20,257	575	0	2,090	59.00
60.00	06000	LABORATORY	24,856	4,068	116	0	420	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,771	3,332	95	0	344	63.00
65.00	06500	RESPIRATORY THERAPY	6,065	6,472	184	0	668	65.00
66.00	06600	PHYSICAL THERAPY	6,712	847	24	0	87	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,261	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,883	1,910	54	0	197	68.00
69.00	06900	ELECTROCARDIOLOGY	3,219	20,060	570	0	2,070	69.00
70.01	03320	ELECTROSHOCK THERAPY	6	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,764	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,279	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,483	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,297	3,239	92	0	334	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,135	54,207	1,539	0	5,593	75.01
76.00	03950	OCCUPATIONAL HEALTH	88	791	22	0	82	76.00
76.97	07697	CARDIAC REHABILITATION	1,842	17,364	493	0	1,792	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	5,753	5,953	169	0	614	90.00
90.01	09001	OUTPATIENT PROCEDURES	4,233	0	0	0	0	90.01
90.02	09002	PRCC	126,320	0	0	0	0	90.02
91.00	09100	EMERGENCY	28,630	100,286	2,848	0	10,347	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	645,541	1,977,400	55,963	15,351	197,430	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	122	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	174	2,466	70	0	254	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	369	0	0	0	0	193.03
193.04	19304	FOUNDATION	136	4,309	122	0	445	193.04
193.05	19305	LEASED BLDG	91	2,627	75	0	271	193.05
193.07	19307	PARI SH NURSING	1,027	1,762	50	0	182	193.07
194.00	07950	OP PHARMACY	7,839	0	0	0	0	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)	655,299	1,988,564	56,280	15,351	198,582	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0174		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 10:58 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	356,169					10.00
11.00	01100	CAFETERIA	0	6,017				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	116,386			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,608	333,255		14.00
15.00	01500	PHARMACY	0	0	4,853	0	263,552	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	757	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	216,453	3,657	33,561	1,434	2,505	30.00
31.00	03100	INTENSIVE CARE UNIT	20,642	349	7,081	418	805	31.00
40.00	04000	SUBPROVIDER - I/PF	106,385	1,797	14,227	424	5	40.00
43.00	04300	NURSERY	533	9	747	67	11	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	4,096	1,188	772	50.00
51.00	05100	RECOVERY ROOM	0	0	2,990	201	101	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,080	18	3,616	138	111	52.00
53.00	05300	ANESTHESIOLOGY	0	0	444	191	294	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,808	393	179	54.00
54.02	03630	ULTRA SOUND	0	0	996	46	0	54.02
57.00	05700	CT SCAN	0	0	1,352	46	689	57.00
58.00	05800	MRI	0	0	526	19	204	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,821	439	0	59.00
60.00	06000	LABORATORY	0	0	219	180	10	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,965	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,967	483	14	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	281	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	99	5	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,343	102	240	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	16	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	46,589	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	267,468	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	52,184	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,018	37	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	25	20	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	703	97	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	1,692	156	40	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	2,246	0	0	90.01
90.02	09002	PRCC	0	0	7,980	1,611	200,185	90.02
91.00	09100	EMERGENCY	11,076	187	11,425	959	2,624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	356,169	6,017	115,101	333,058	260,994	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	15	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	88	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	174	4	0	193.03
193.04	19304	FOUNDATION	0	0	0	1	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARI SH NURSING	0	0	528	0	0	193.07
194.00	07950	OP PHARMACY	0	0	495	177	2,558	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)	356,169	6,017	116,386	333,255	263,552	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0174		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 10:58 am	
Cost Center Description			MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			16.00	24.00	25.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	219,052					16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,569	1,922,234	0	1,922,234		30.00
31.00	03100	INTENSIVE CARE UNIT	5,983	489,030	0	489,030		31.00
40.00	04000	SUBPROVIDER - IPF	6,533	1,002,376	0	1,002,376		40.00
43.00	04300	NURSERY	128	29,897	0	29,897		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,326	695,711	0	695,711		50.00
51.00	05100	RECOVERY ROOM	6,003	525,023	0	525,023		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	800	407,518	0	407,518		52.00
53.00	05300	ANESTHESIOLOGY	2,346	18,570	0	18,570		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,242	299,262	0	299,262		54.00
54.02	03630	ULTRA SOUND	2,440	71,848	0	71,848		54.02
57.00	05700	CT SCAN	12,905	51,126	0	51,126		57.00
58.00	05800	MRI	2,443	62,228	0	62,228		58.00
59.00	05900	CARDIAC CATHETERIZATION	21,231	109,618	0	109,618		59.00
60.00	06000	LABORATORY	15,238	55,258	0	55,258		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	458	25,201	0	25,201		63.00
65.00	06500	RESPIRATORY THERAPY	3,057	36,926	0	36,926		65.00
66.00	06600	PHYSICAL THERAPY	1,555	11,600	0	11,600		66.00
67.00	06700	OCCUPATIONAL THERAPY	309	1,577	0	1,577		67.00
68.00	06800	SPEECH PATHOLOGY	298	9,168	0	9,168		68.00
69.00	06900	ELECTROCARDIOLOGY	5,573	83,282	0	83,282		69.00
70.01	03320	ELECTROSHOCK THERAPY	52	74	0	74		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,424	61,777	0	61,777		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	340,747	0	340,747		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,039	86,706	0	86,706		73.00
74.00	07400	RENAL DIALYSIS	1,092	16,062	0	16,062		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	562	203,737	0	203,737		75.01
76.00	03950	OCCUPATIONAL HEALTH	0	2,988	0	2,988		76.00
76.97	07697	CARDIAC REHABILITATION	642	66,128	0	66,128		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	29,768	0	29,768		90.00
90.01	09001	OUTPATIENT PROCEDURES	23	6,508	0	6,508		90.01
90.02	09002	PRCC	29,635	368,496	0	368,496		90.02
91.00	09100	EMERGENCY	22,002	442,611	0	442,611		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	218,908	7,533,055	0	7,533,055		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	137	0	137		190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0		192.01
193.01	19301	MASSAGE THERAPY	0	9,175	0	9,175		193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0		193.02
193.03	19303	ADOL SCHOOL	0	600	0	600		193.03
193.04	19304	FOUNDATION	0	15,677	0	15,677		193.04
193.05	19305	LEASED BLDG	0	9,558	0	9,558		193.05
193.07	19307	PARISH NURSING	0	8,085	0	8,085		193.07
194.00	07950	OP PHARMACY	144	11,490	0	11,490		194.00
200.00		Cross Foot Adjustments		0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	219,052	7,587,777	0	7,587,777		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 10:58 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	496,541				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		496,541			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,717	3,717	48,594,397		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	42,495	42,495	5,065,251	-39,233,316	130,609,509
6.00 00600	MAINTENANCE & REPAIRS	128,643	128,643	0	0	4,532,026
7.00 00700	OPERATION OF PLANT	1,105	1,105	1,660,711	0	6,103,675
8.00 00800	LAUNDRY & LINEN SERVICE	622	622	42,987	0	367,056
9.00 00900	HOUSEKEEPING	8,606	8,606	1,262,128	0	2,169,700
10.00 01000	DIETARY	15,673	15,673	881,446	0	1,196,591
11.00 01100	CAFETERIA	0	0	0	0	1,199,320
13.00 01300	NURSING ADMINISTRATION	4,565	4,565	1,855,326	0	2,496,802
14.00 01400	CENTRAL SERVICES & SUPPLY	14,647	14,647	320,791	0	994,990
15.00 01500	PHARMACY	10,713	10,713	2,260,598	0	3,470,033
16.00 01600	MEDICAL RECORDS & LIBRARY	9,326	9,326	174,663	0	2,061,558
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	69,560	69,560	10,033,460	0	14,253,446
31.00 03100	INTENSIVE CARE UNIT	19,268	19,268	2,544,766	0	4,033,062
40.00 04000	SUBPROVIDER - IPF	37,353	37,353	4,742,072	0	6,123,105
43.00 04300	NURSERY	1,163	1,163	283,078	0	412,035
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	28,782	28,782	1,558,274	0	3,458,145
51.00 05100	RECOVERY ROOM	22,648	22,648	1,208,799	0	1,953,527
52.00 05200	DELIVERY ROOM & LABOR ROOM	17,498	17,498	1,295,762	0	2,082,986
53.00 05300	ANESTHESIOLOGY	633	633	90,969	0	216,950
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,265	12,265	1,645,076	0	2,491,215
54.02 03630	ULTRA SOUND	2,857	2,857	423,345	0	842,588
57.00 05700	CT SCAN	1,413	1,413	529,646	0	805,099
58.00 05800	MRI	2,555	2,555	233,536	0	368,244
59.00 05900	CARDIAC CATHETERIZATION	3,277	3,277	1,190,121	0	2,140,213
60.00 06000	LABORATORY	658	658	82,479	0	4,954,352
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	539	539	0	0	552,420
65.00 06500	RESPIRATORY THERAPY	1,047	1,047	869,367	0	1,208,960
66.00 06600	PHYSICAL THERAPY	137	137	0	0	1,337,921
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	251,250
68.00 06800	SPEECH PATHOLOGY	309	309	0	0	375,252
69.00 06900	ELECTROCARDIOLOGY	3,245	3,245	443,513	0	641,568
70.01 03320	ELECTROSHOCK THERAPY	0	0	0	0	1,098
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,544,205
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,606,097
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,484,770
74.00 07400	RENAL DIALYSIS	524	524	0	0	657,181
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,769	8,769	550,536	0	1,023,471
76.00 03950	OCCUPATIONAL HEALTH	128	128	3,630	0	17,506
76.97 07697	CARDIAC REHABILITATION	2,809	2,809	231,167	0	367,231
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	963	963	577,649	0	1,146,634
90.01 09001	OUTPATIENT PROCEDURES	0	0	5,116	0	843,706
90.02 09002	PRCC	0	0	2,365,193	0	25,171,713
91.00 09100	EMERGENCY	16,223	16,223	3,694,679	0	5,706,568
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	494,735	494,735	48,126,134	-39,233,316	128,664,269
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	24,399
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0
193.01 19301	MASSAGE THERAPY	399	399	21,215	0	34,648
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0
193.03 19303	ADOL SCHOOL	0	0	45,375	0	73,635
193.04 19304	FOUNDATION	697	697	11,073	0	27,165
193.05 19305	LEASED BLDG	425	425	0	0	18,122
193.07 19307	PARI SH NURSING	285	285	153,937	0	204,751
194.00 07950	OP PHARMACY	0	0	236,663	0	1,562,520
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 10:58 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	5,283,581	2,304,196	5,606,134	5A	39,233,316	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.640775	4.640495	0.115366		0.300386	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			56,801		655,299	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001169		0.005017	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 10:58 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	321,686					6.00
7.00	00700	1,105	320,581				7.00
8.00	00800	622	622	37,685			8.00
9.00	00900	8,606	8,606	0	311,353		9.00
10.00	01000	15,673	15,673	0	15,673	134,258	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	4,565	4,565	0	4,565	0	13.00
14.00	01400	14,647	14,647	0	14,647	0	14.00
15.00	01500	10,713	10,713	0	10,713	0	15.00
16.00	01600	9,326	9,326	0	9,326	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	69,560	69,560	22,773	69,560	81,592	30.00
31.00	03100	19,268	19,268	3,248	19,268	7,781	31.00
40.00	04000	37,353	37,353	11,426	37,353	40,102	40.00
43.00	04300	1,163	1,163	238	1,163	201	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,782	28,782	0	28,782	0	50.00
51.00	05100	22,648	22,648	0	22,648	0	51.00
52.00	05200	17,498	17,498	0	17,498	407	52.00
53.00	05300	633	633	0	633	0	53.00
54.00	05400	12,265	12,265	0	12,265	0	54.00
54.02	03630	2,857	2,857	0	2,857	0	54.02
57.00	05700	1,413	1,413	0	1,413	0	57.00
58.00	05800	2,555	2,555	0	2,555	0	58.00
59.00	05900	3,277	3,277	0	3,277	0	59.00
60.00	06000	658	658	0	658	0	60.00
63.00	06300	539	539	0	539	0	63.00
65.00	06500	1,047	1,047	0	1,047	0	65.00
66.00	06600	137	137	0	137	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	309	309	0	309	0	68.00
69.00	06900	3,245	3,245	0	3,245	0	69.00
70.01	03320	0	0	0	0	0	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	524	524	0	524	0	74.00
75.01	03550	8,769	8,769	0	8,769	0	75.01
76.00	03950	128	128	0	128	0	76.00
76.97	07697	2,809	2,809	0	2,809	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	963	963	0	963	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	16,223	16,223	0	16,223	4,175	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		319,880	318,775	37,685	309,547	134,258	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.01	19201	0	0	0	0	0	192.01
193.01	19301	399	399	0	399	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
193.04	19304	697	697	0	697	0	193.04
193.05	19305	425	425	0	425	0	193.05
193.07	19307	285	285	0	285	0	193.07
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		5,893,383	7,957,378	504,148	3,192,728	2,392,912	202.00
203.00		18.320297	24.821739	13.377949	10.254367	17.823236	203.00
204.00		1,988,564	56,280	15,351	198,582	356,169	204.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0174		Period: From 01/01/2016 To 12/31/2016	Worksheet B-1 Date/Time Prepared: 5/24/2017 10:58 am		
Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
205.00	Unit cost multiplier (Wkst. B, Part II)		6.181693	0.175556	0.407350	0.637803	2.652870	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 10:58 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	134,258					11.00
13.00	01300		1,165,552				13.00
14.00	01400		16,104	18,198,752			14.00
15.00	01500		48,605		17,599,925		15.00
16.00	01600		7,580			984,440,020	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	81,592	336,109	78,298	167,268	101,204,999	30.00
31.00	03100	7,781	70,908	22,824	53,760	26,827,406	31.00
40.00	04000	40,102	142,477	23,141	325	29,296,761	40.00
43.00	04300	201	7,485	3,670	710	576,199	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	41,022	64,889	51,555	131,504,943	50.00
51.00	05100	0	29,944	10,964	6,758	26,919,732	51.00
52.00	05200	407	36,211	7,533	7,397	3,585,554	52.00
53.00	05300	0	4,449	10,411	19,640	10,519,220	53.00
54.00	05400	0	48,146	21,480	11,942	27,992,155	54.00
54.02	03630	0	9,977	2,522	0	10,941,269	54.02
57.00	05700	0	13,535	2,528	45,998	57,867,725	57.00
58.00	05800	0	5,269	1,051	13,610	10,956,040	58.00
59.00	05900	0	28,254	23,958	0	95,206,424	59.00
60.00	06000	0	2,195	9,828	654	68,332,954	60.00
63.00	06300	0	0	544,184	0	2,052,729	63.00
65.00	06500	0	29,713	26,361	917	13,708,161	65.00
66.00	06600	0	0	15,322	0	6,973,054	66.00
67.00	06700	0	0	390	0	1,383,705	67.00
68.00	06800	0	0	5,393	356	1,337,840	68.00
69.00	06900	0	13,445	5,595	16,039	24,991,011	69.00
70.01	03320	0	0	0	1,098	233,695	70.01
71.00	07100	0	0	2,544,205	0	10,872,068	71.00
72.00	07200	0	0	14,606,097	0	0	72.00
73.00	07300	0	0	0	3,484,770	76,407,892	73.00
74.00	07400	0	0	0	0	4,895,822	74.00
75.01	03550	0	20,208	2,014	0	2,519,680	75.01
76.00	03950	0	247	1,098	0	1,476	76.00
76.97	07697	0	7,038	5,305	0	2,880,974	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	16,945	8,507	2,678	0	90.00
90.01	09001	0	22,493	0	0	105,344	90.01
90.02	09002	0	79,911	88,001	13,368,417	135,037,066	90.02
91.00	09100	4,175	114,413	52,388	175,231	98,662,818	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		134,258	1,152,683	18,187,957	17,429,123	983,794,716	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	833	0	0	190.00
192.01	19201	0	0	0	0	0	192.01
193.01	19301	0	877	0	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	1,747	227	0	0	193.03
193.04	19304	0	0	51	0	0	193.04
193.05	19305	0	0	0	0	0	193.05
193.07	19307	0	5,287	0	0	0	193.07
194.00	07950	0	4,958	9,684	170,802	645,304	194.00
200.00							200.00
201.00							201.00
202.00		1,559,579	3,490,560	2,124,196	5,229,978	3,201,496	202.00
203.00		11.616284	2.994770	0.116722	0.297159	0.003252	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 10:58 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	6,017	116,386	333,255	263,552	219,052	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.044817	0.099855	0.018312	0.014975	0.000223	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 10:58 am		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	26,350,455		26,350,455	14,672	26,365,127	30.00
31.00	03100 INTENSIVE CARE UNIT	6,864,134		6,864,134	863	6,864,997	31.00
40.00	04000 SUBPROVIDER - I/PF	11,815,111		11,815,111	11,809	11,826,920	40.00
43.00	04300 NURSERY	631,936		631,936	0	631,936	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,607,177		6,607,177	0	6,607,177	50.00
51.00	05100 RECOVERY ROOM	3,930,167		3,930,167	0	3,930,167	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,778,180		3,778,180	0	3,778,180	52.00
53.00	05300 ANESTHESIOLOGY	370,503		370,503	0	370,503	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,135,720		4,135,720	0	4,135,720	54.00
54.02	03630 ULTRA SOUND	1,313,998		1,313,998	0	1,313,998	54.02
57.00	05700 CT SCAN	1,365,072		1,365,072	0	1,365,072	57.00
58.00	05800 MRI	670,862		670,862	0	670,862	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,355,105		3,355,105	0	3,355,105	59.00
60.00	06000 LABORATORY	6,707,839		6,707,839	0	6,707,839	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	817,333		817,333	0	817,333	63.00
65.00	06500 RESPIRATORY THERAPY	1,764,932	0	1,764,932	0	1,764,932	65.00
66.00	06600 PHYSICAL THERAPY	1,771,594	0	1,771,594	0	1,771,594	66.00
67.00	06700 OCCUPATIONAL THERAPY	331,268	0	331,268	0	331,268	67.00
68.00	06800 SPEECH PATHOLOGY	509,558	0	509,558	0	509,558	68.00
69.00	06900 ELECTROCARDIOLOGY	1,134,512		1,134,512	0	1,134,512	69.00
70.01	03320 ELECTROSHOCK THERAPY	2,514		2,514	0	2,514	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,640,770		3,640,770	0	3,640,770	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,698,421		20,698,421	0	20,698,421	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,815,555		5,815,555	0	5,815,555	73.00
74.00	07400 RENAL DIALYSIS	898,490		898,490	0	898,490	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,868,088		1,868,088	483	1,868,571	75.01
76.00	03950 OCCUPATIONAL HEALTH	30,473		30,473	0	30,473	76.00
76.97	07697 CARDIAC REHABILITATION	658,598		658,598	0	658,598	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	1,595,022		1,595,022	0	1,595,022	90.00
90.01	09001 OUTPATIENT PROCEDURES	1,164,847		1,164,847	0	1,164,847	90.01
90.02	09002 PRCC	37,394,365		37,394,365	0	37,394,365	90.02
91.00	09100 EMERGENCY	9,131,579		9,131,579	29,410	9,160,989	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	6,401,174		6,401,174		6,401,174	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	173,525,352	0	173,525,352	57,237	173,582,589	200.00
201.00	Less Observation Beds	6,401,174		6,401,174		6,401,174	201.00
202.00	Total (see instructions)	167,124,178	0	167,124,178	57,237	167,181,415	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0174		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 10:58 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	73,053,894		73,053,894				30.00
31.00	03100	INTENSIVE CARE UNIT	23,806,335		23,806,335				31.00
40.00	04000	SUBPROVIDER - IPF	29,296,761		29,296,761				40.00
43.00	04300	NURSERY	575,368		575,368				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	52,197,894	45,034,678	97,232,572	0.067952	0.000000		50.00
51.00	05100	RECOVERY ROOM	9,480,115	17,421,680	26,901,795	0.146093	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,893,847	367,179	3,261,026	1.158586	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	3,763,732	6,731,158	10,494,890	0.035303	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,997,823	19,991,489	27,989,312	0.147761	0.000000		54.00
54.02	03630	ULTRA SOUND	2,675,040	8,260,270	10,935,310	0.120161	0.000000		54.02
57.00	05700	CT SCAN	16,579,936	41,287,789	57,867,725	0.023590	0.000000		57.00
58.00	05800	MRI	2,973,529	7,978,803	10,952,332	0.061253	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	17,377,192	33,010,697	50,387,889	0.066586	0.000000		59.00
60.00	06000	LABORATORY	32,266,279	36,066,675	68,332,954	0.098164	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,392,171	660,558	2,052,729	0.398169	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	10,269,694	2,200,892	12,470,586	0.141528	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,865,309	4,107,746	6,973,055	0.254063	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	728,102	655,358	1,383,460	0.239449	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	546,711	791,128	1,337,839	0.380881	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	8,188,903	16,802,108	24,991,011	0.045397	0.000000		69.00
70.01	03320	ELECTROSHOCK THERAPY	80,516	153,179	233,695	0.010758	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,855,496	38,150,928	64,006,424	0.056881	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,190,468	17,532,506	30,722,974	0.673712	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,110,554	23,297,288	76,407,842	0.076112	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,239,243	656,579	4,895,822	0.183522	0.000000		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,038	2,506,642	2,519,680	0.741399	0.000000		75.01
76.00	03950	OCCUPATIONAL HEALTH	0	1,476	1,476	20.645664	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	2,092	2,878,882	2,880,974	0.228603	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	4,698	1,580,495	1,585,193	1.006201	0.000000		90.00
90.01	09001	OUTPATIENT PROCEDURES	30	6,269,368	6,269,398	0.185799	0.000000		90.01
90.02	09002	PRCC	0	134,954,740	134,954,740	0.277088	0.000000		90.02
91.00	09100	EMERGENCY	21,392,000	77,251,864	98,643,864	0.092571	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,508,173	15,867,620	20,375,793	0.314156	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	421,324,943	562,469,775	983,794,718				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	421,324,943	562,469,775	983,794,718				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 10:58 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.067952		50.00
51.00	05100 RECOVERY ROOM	0.146093		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.158586		52.00
53.00	05300 ANESTHESIOLOGY	0.035303		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.147761		54.00
54.02	03630 ULTRA SOUND	0.120161		54.02
57.00	05700 CT SCAN	0.023590		57.00
58.00	05800 MRI	0.061253		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.066586		59.00
60.00	06000 LABORATORY	0.098164		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.398169		63.00
65.00	06500 RESPIRATORY THERAPY	0.141528		65.00
66.00	06600 PHYSICAL THERAPY	0.254063		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.239449		67.00
68.00	06800 SPEECH PATHOLOGY	0.380881		68.00
69.00	06900 ELECTROCARDIOLOGY	0.045397		69.00
70.01	03320 ELECTROSHOCK THERAPY	0.010758		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.056881		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.673712		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.076112		73.00
74.00	07400 RENAL DIALYSIS	0.183522		74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.741591		75.01
76.00	03950 OCCUPATIONAL HEALTH	20.645664		76.00
76.97	07697 CARDIAC REHABILITATION	0.228603		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1.006201		90.00
90.01	09001 OUTPATIENT PROCEDURES	0.185799		90.01
90.02	09002 PRCC	0.277088		90.02
91.00	09100 EMERGENCY	0.092869		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.314156		92.00
	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: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 10:58 am			
			Title XIX	Hospital	Cost			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000 ADULTS & PEDIATRICS		26,350,455		26,350,455	14,672	26,365,127	30.00
31.00	03100 INTENSIVE CARE UNIT		6,864,134		6,864,134	863	6,864,997	31.00
40.00	04000 SUBPROVIDER - I PF		11,815,111		11,815,111	11,809	11,826,920	40.00
43.00	04300 NURSERY		631,936		631,936	0	631,936	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM		6,607,177		6,607,177	0	6,607,177	50.00
51.00	05100 RECOVERY ROOM		3,930,167		3,930,167	0	3,930,167	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,778,180		3,778,180	0	3,778,180	52.00
53.00	05300 ANESTHESIOLOGY		370,503		370,503	0	370,503	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,135,720		4,135,720	0	4,135,720	54.00
54.02	03630 ULTRA SOUND		1,313,998		1,313,998	0	1,313,998	54.02
57.00	05700 CT SCAN		1,365,072		1,365,072	0	1,365,072	57.00
58.00	05800 MRI		670,862		670,862	0	670,862	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,355,105		3,355,105	0	3,355,105	59.00
60.00	06000 LABORATORY		6,707,839		6,707,839	0	6,707,839	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		817,333		817,333	0	817,333	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,764,932	0	1,764,932	0	1,764,932	65.00
66.00	06600 PHYSICAL THERAPY	0	1,771,594	0	1,771,594	0	1,771,594	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	331,268	0	331,268	0	331,268	67.00
68.00	06800 SPEECH PATHOLOGY	0	509,558	0	509,558	0	509,558	68.00
69.00	06900 ELECTROCARDIOLOGY		1,134,512		1,134,512	0	1,134,512	69.00
70.01	03320 ELECTROSHOCK THERAPY		2,514		2,514	0	2,514	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		3,640,770		3,640,770	0	3,640,770	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		20,698,421		20,698,421	0	20,698,421	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,815,555		5,815,555	0	5,815,555	73.00
74.00	07400 RENAL DIALYSIS		898,490		898,490	0	898,490	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		1,868,088		1,868,088	483	1,868,571	75.01
76.00	03950 OCCUPATIONAL HEALTH		30,473		30,473	0	30,473	76.00
76.97	07697 CARDIAC REHABILITATION		658,598		658,598	0	658,598	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		1,595,022		1,595,022	0	1,595,022	90.00
90.01	09001 OUTPATIENT PROCEDURES		1,164,847		1,164,847	0	1,164,847	90.01
90.02	09002 PRCC		37,394,365		37,394,365	0	37,394,365	90.02
91.00	09100 EMERGENCY		9,131,579		9,131,579	29,410	9,160,989	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		6,401,174		6,401,174	0	6,401,174	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300 INTEREST EXPENSE							113.00
200.00	Subtotal (see instructions)		173,525,352	0	173,525,352	57,237	173,582,589	200.00
201.00	Less Observation Beds		6,401,174		6,401,174		6,401,174	201.00
202.00	Total (see instructions)		167,124,178	0	167,124,178	57,237	167,181,415	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 10:58 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	73,053,894		73,053,894		30.00
31.00	03100	INTENSIVE CARE UNIT	23,806,335		23,806,335		31.00
40.00	04000	SUBPROVIDER - IPF	29,296,761		29,296,761		40.00
43.00	04300	NURSERY	575,368		575,368		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	52,197,894	45,034,678	97,232,572	0.067952	50.00
51.00	05100	RECOVERY ROOM	9,480,115	17,421,680	26,901,795	0.146093	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,893,847	367,179	3,261,026	1.158586	52.00
53.00	05300	ANESTHESIOLOGY	3,763,732	6,731,158	10,494,890	0.035303	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,997,823	19,991,489	27,989,312	0.147761	54.00
54.02	03630	ULTRA SOUND	2,675,040	8,260,270	10,935,310	0.120161	54.02
57.00	05700	CT SCAN	16,579,936	41,287,789	57,867,725	0.023590	57.00
58.00	05800	MRI	2,973,529	7,978,803	10,952,332	0.061253	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,377,192	33,010,697	50,387,889	0.066586	59.00
60.00	06000	LABORATORY	32,266,279	36,066,675	68,332,954	0.098164	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,392,171	660,558	2,052,729	0.398169	63.00
65.00	06500	RESPIRATORY THERAPY	10,269,694	2,200,892	12,470,586	0.141528	65.00
66.00	06600	PHYSICAL THERAPY	2,865,309	4,107,746	6,973,055	0.254063	66.00
67.00	06700	OCCUPATIONAL THERAPY	728,102	655,358	1,383,460	0.239449	67.00
68.00	06800	SPEECH PATHOLOGY	546,711	791,128	1,337,839	0.380881	68.00
69.00	06900	ELECTROCARDIOLOGY	8,188,903	16,802,108	24,991,011	0.045397	69.00
70.01	03320	ELECTROSHOCK THERAPY	80,516	153,179	233,695	0.010758	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,855,496	38,150,928	64,006,424	0.056881	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,190,468	17,532,506	30,722,974	0.673712	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,110,554	23,297,288	76,407,842	0.076112	73.00
74.00	07400	RENAL DIALYSIS	4,239,243	656,579	4,895,822	0.183522	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,038	2,506,642	2,519,680	0.741399	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	1,476	1,476	20.645664	76.00
76.97	07697	CARDIAC REHABILITATION	2,092	2,878,882	2,880,974	0.228603	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	4,698	1,580,495	1,585,193	1.006201	90.00
90.01	09001	OUTPATIENT PROCEDURES	30	6,269,368	6,269,398	0.185799	90.01
90.02	09002	PRCC	0	134,954,740	134,954,740	0.277088	90.02
91.00	09100	EMERGENCY	21,392,000	77,251,864	98,643,864	0.092571	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,508,173	15,867,620	20,375,793	0.314156	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	421,324,943	562,469,775	983,794,718		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	421,324,943	562,469,775	983,794,718		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 10:58 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.02	03630	ULTRA SOUND	0.000000		54.02
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000		90.01
90.02	09002	PRCC	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/24/2017 10:58 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,922,234	0	1,922,234	29,820	64.46	30.00	
31.00	INTENSIVE CARE UNIT	489,030		489,030	3,248	150.56	31.00	
40.00	SUBPROVIDER - IPF	1,002,376	0	1,002,376	11,426	87.73	40.00	
43.00	NURSERY	29,897		29,897	238	125.62	43.00	
200.00	Total (lines 30-199)	3,443,537		3,443,537	44,732		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	7,574	488,220					30.00
31.00	INTENSIVE CARE UNIT	1,140	171,638					31.00
40.00	SUBPROVIDER - IPF	2,809	246,434					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	11,523	906,292					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0174

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

Worksheet D
Part II
Date/Time Prepared:
5/24/2017 10:58 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	695,711	97,232,572	0.007155	19,883,685	142,268	50.00
51.00	05100 RECOVERY ROOM	525,023	26,901,795	0.019516	3,167,800	61,823	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	407,518	3,261,026	0.124966	214,757	26,837	52.00
53.00	05300 ANESTHESIOLOGY	18,570	10,494,890	0.001769	1,331,414	2,355	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	299,262	27,989,312	0.010692	3,891,900	41,612	54.00
54.02	03630 ULTRA SOUND	71,848	10,935,310	0.006570	1,076,803	7,075	54.02
57.00	05700 CT SCAN	51,126	57,867,725	0.000883	6,310,579	5,572	57.00
58.00	05800 MRI	62,228	10,952,332	0.005682	942,982	5,358	58.00
59.00	05900 CARDIAC CATHETERIZATION	109,618	50,387,889	0.002175	0	0	59.00
60.00	06000 LABORATORY	55,258	68,332,954	0.000809	12,288,040	9,941	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	25,201	2,052,729	0.012277	580,656	7,129	63.00
65.00	06500 RESPIRATORY THERAPY	36,926	12,470,586	0.002961	4,685,265	13,873	65.00
66.00	06600 PHYSICAL THERAPY	11,600	6,973,055	0.001664	1,496,813	2,491	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,577	1,383,460	0.001140	385,784	440	67.00
68.00	06800 SPEECH PATHOLOGY	9,168	1,337,839	0.006853	292,649	2,006	68.00
69.00	06900 ELECTROCARDIOLOGY	83,282	24,991,011	0.003332	8,060,310	26,857	69.00
70.01	03320 ELECTROSHOCK THERAPY	74	233,695	0.000317	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	61,777	64,006,424	0.000965	10,115,098	9,761	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	340,747	30,722,974	0.011091	5,313,092	58,928	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	86,706	76,407,842	0.001135	18,741,240	21,271	73.00
74.00	07400 RENAL DIALYSIS	16,062	4,895,822	0.003281	2,403,846	7,887	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	203,737	2,519,680	0.080858	0	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	2,988	1,476	2.024390	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	66,128	2,880,974	0.022953	426	10	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	29,768	1,585,193	0.018779	0	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	6,508	6,269,398	0.001038	0	0	90.01
90.02	09002 PRCC	368,496	134,954,740	0.002731	0	0	90.02
91.00	09100 EMERGENCY	442,611	98,643,864	0.004487	8,541,962	38,328	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	466,697	20,375,793	0.022904	1,637,290	37,500	92.00
200.00	Total (lines 50-199)	4,556,215	857,062,360		111,362,391	529,322	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/24/2017 10:58 am
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Cost Center Description			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	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0		40.00	
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	29,820	0.00	7,574	0			30.00	
31.00	03100	INTENSIVE CARE UNIT	3,248	0.00	1,140	0			31.00	
40.00	04000	SUBPROVIDER - IPF	11,426	0.00	2,809	0			40.00	
43.00	04300	NURSERY	238	0.00	0	0			43.00	
200.00		Total (lines 30-199)	44,732		11,523	0			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0174

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 10:58 am

Cost Center Description		Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
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
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
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
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIIC 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
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 10:58 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		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	97,232,572	0.000000	0.000000	19,883,685	50.00
51.00	05100	RECOVERY ROOM	0	26,901,795	0.000000	0.000000	3,167,800	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,261,026	0.000000	0.000000	214,757	52.00
53.00	05300	ANESTHESIOLOGY	0	10,494,890	0.000000	0.000000	1,331,414	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	27,989,312	0.000000	0.000000	3,891,900	54.00
54.02	03630	ULTRA SOUND	0	10,935,310	0.000000	0.000000	1,076,803	54.02
57.00	05700	CT SCAN	0	57,867,725	0.000000	0.000000	6,310,579	57.00
58.00	05800	MRI	0	10,952,332	0.000000	0.000000	942,982	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	50,387,889	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	68,332,954	0.000000	0.000000	12,288,040	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,052,729	0.000000	0.000000	580,656	63.00
65.00	06500	RESPIRATORY THERAPY	0	12,470,586	0.000000	0.000000	4,685,265	65.00
66.00	06600	PHYSICAL THERAPY	0	6,973,055	0.000000	0.000000	1,496,813	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,383,460	0.000000	0.000000	385,784	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,337,839	0.000000	0.000000	292,649	68.00
69.00	06900	ELECTROCARDIOLOGY	0	24,991,011	0.000000	0.000000	8,060,310	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	233,695	0.000000	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	64,006,424	0.000000	0.000000	10,115,098	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,722,974	0.000000	0.000000	5,313,092	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	76,407,842	0.000000	0.000000	18,741,240	73.00
74.00	07400	RENAL DIALYSIS	0	4,895,822	0.000000	0.000000	2,403,846	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,519,680	0.000000	0.000000	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	1,476	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,880,974	0.000000	0.000000	426	76.97
76.98	07698	HYPERBARI C 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	1,585,193	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	6,269,398	0.000000	0.000000	0	90.01
90.02	09002	PRCC	0	134,954,740	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	98,643,864	0.000000	0.000000	8,541,962	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	20,375,793	0.000000	0.000000	1,637,290	92.00
200.00		Total (lines 50-199)	0	857,062,360			111,362,391	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 10:58 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	9,803,316	0	50.00
51.00	05100 RECOVERY ROOM	0	3,807,718	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	91,358	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,603,996	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,676,256	0	54.00
54.02	03630 ULTRA SOUND	0	1,111,176	0	54.02
57.00	05700 CT SCAN	0	10,124,355	0	57.00
58.00	05800 MRI	0	1,790,175	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	10,161,296	0	59.00
60.00	06000 LABORATORY	0	9,590,818	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	179,989	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	250,302	0	65.00
66.00	06600 PHYSICAL THERAPY	0	195,416	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	65,748	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	26,395	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,086,218	0	69.00
70.01	03320 ELECTROSHOCK THERAPY	0	50,540	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,614,119	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,465,919	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	24,979,592	0	73.00
74.00	07400 RENAL DIALYSIS	0	338,153	0	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	132,327	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0	669	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	35	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	3,372	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	0	0	0	90.01
90.02	09002 PRCC	0	20,099,163	0	90.02
91.00	09100 EMERGENCY	0	14,843,096	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	4,824,882	0	92.00
200.00	Total (lines 50-199)	0	139,916,399	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 10:58 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.067952	9,803,316	0	1,198	666,155	50.00
51.00	05100	RECOVERY ROOM	0.146093	3,807,718	0	0	556,281	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.158586	91,358	0	0	105,846	52.00
53.00	05300	ANESTHESIOLOGY	0.035303	1,603,996	0	0	56,626	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147761	4,676,256	0	282	690,968	54.00
54.02	03630	ULTRA SOUND	0.120161	1,111,176	0	0	133,520	54.02
57.00	05700	CT SCAN	0.023590	10,124,355	0	0	238,834	57.00
58.00	05800	MRI	0.061253	1,790,175	0	0	109,654	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066586	10,161,296	0	0	676,600	59.00
60.00	06000	LABORATORY	0.098164	9,590,818	1,490	0	941,473	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.398169	179,989	0	0	71,666	63.00
65.00	06500	RESPIRATORY THERAPY	0.141528	250,302	0	0	35,425	65.00
66.00	06600	PHYSICAL THERAPY	0.254063	195,416	0	0	49,648	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.239449	65,748	0	0	15,743	67.00
68.00	06800	SPEECH PATHOLOGY	0.380881	26,395	0	0	10,053	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045397	4,086,218	0	184	185,502	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.010758	50,540	0	0	544	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.056881	10,614,119	0	541	603,742	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.673712	6,465,919	0	0	4,356,167	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.076112	24,979,592	0	169,434	1,901,247	73.00
74.00	07400	RENAL DIALYSIS	0.183522	338,153	0	0	62,059	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.741399	132,327	0	0	98,107	75.01
76.00	03950	OCCUPATIONAL HEALTH	20.645664	669	0	0	13,812	76.00
76.97	07697	CARDIAC REHABILITATION	0.228603	35	0	0	8	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.006201	3,372	0	0	3,393	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.185799	0	0	0	0	90.01
90.02	09002	PRCC	0.277088	20,099,163	96	0	5,569,237	90.02
91.00	09100	EMERGENCY	0.092571	14,843,096	0	0	1,374,040	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.314156	4,824,882	0	0	1,515,766	92.00
200.00		Subtotal (see instructions)		139,916,399	1,586	171,639	20,042,116	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		139,916,399	1,586	171,639	20,042,116	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 10:58 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	81	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	42	54.00
54.02 03630	ULTRA SOUND	0	0	54.02
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MRI	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	146	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	8	69.00
70.01 03320	ELECTROSHOCK THERAPY	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	31	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	12,896	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.00 03950	OCCUPATIONAL HEALTH	0	0	76.00
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
90.01 09001	OUTPATIENT PROCEDURES	0	0	90.01
90.02 09002	PRCC	27	0	90.02
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	173	13,058	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)	173	13,058	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 10:58 am
Title XVIII			Subprovider - IPF	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	695,711	97,232,572	0.007155	5,030	36	50.00
51.00	05100 RECOVERY ROOM	525,023	26,901,795	0.019516	2,543	50	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	407,518	3,261,026	0.124966	1,220	152	52.00
53.00	05300 ANESTHESIOLOGY	18,570	10,494,890	0.001769	30,130	53	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	299,262	27,989,312	0.010692	54,855	587	54.00
54.02	03630 ULTRA SOUND	71,848	10,935,310	0.006570	11,863	78	54.02
57.00	05700 CT SCAN	51,126	57,867,725	0.000883	222,158	196	57.00
58.00	05800 MRI	62,228	10,952,332	0.005682	12,362	70	58.00
59.00	05900 CARDIAC CATHETERIZATION	109,618	50,387,889	0.002175	0	0	59.00
60.00	06000 LABORATORY	55,258	68,332,954	0.000809	500,850	405	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	25,201	2,052,729	0.012277	8,832	108	63.00
65.00	06500 RESPIRATORY THERAPY	36,926	12,470,586	0.002961	34,290	102	65.00
66.00	06600 PHYSICAL THERAPY	11,600	6,973,055	0.001664	33,193	55	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,577	1,383,460	0.001140	641	1	67.00
68.00	06800 SPEECH PATHOLOGY	9,168	1,337,839	0.006853	8,645	59	68.00
69.00	06900 ELECTROCARDIOLOGY	83,282	24,991,011	0.003332	29,778	99	69.00
70.01	03320 ELECTROSHOCK THERAPY	74	233,695	0.000317	20,216	6	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	61,777	64,006,424	0.000965	11,405	11	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	340,747	30,722,974	0.011091	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	86,706	76,407,842	0.001135	2,104,303	2,388	73.00
74.00	07400 RENAL DIALYSIS	16,062	4,895,822	0.003281	0	0	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	203,737	2,519,680	0.080858	3,252	263	75.01
76.00	03950 OCCUPATIONAL HEALTH	2,988	1,476	2.024390	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	66,128	2,880,974	0.022953	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	29,768	1,585,193	0.018779	0	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	6,508	6,269,398	0.001038	0	0	90.01
90.02	09002 PRCC	368,496	134,954,740	0.002731	0	0	90.02
91.00	09100 EMERGENCY	442,611	98,643,864	0.004487	735,815	3,302	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	20,375,793	0.000000	105,572	0	92.00
200.00	Total (Lines 50-199)	4,089,518	857,062,360		3,936,953	8,021	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 10:58 am
Title XVIII		Subprovider - IPF	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
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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
70.01 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
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
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.00 03950 OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
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
90.01 09001 OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02 09002 PRCC	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 10:58 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	97,232,572	0.000000	0.000000	5,030	50.00
51.00 05100 RECOVERY ROOM	0	26,901,795	0.000000	0.000000	2,543	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,261,026	0.000000	0.000000	1,220	52.00
53.00 05300 ANESTHESIOLOGY	0	10,494,890	0.000000	0.000000	30,130	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	27,989,312	0.000000	0.000000	54,855	54.00
54.02 03630 ULTRA SOUND	0	10,935,310	0.000000	0.000000	11,863	54.02
57.00 05700 CT SCAN	0	57,867,725	0.000000	0.000000	222,158	57.00
58.00 05800 MRI	0	10,952,332	0.000000	0.000000	12,362	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	50,387,889	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	68,332,954	0.000000	0.000000	500,850	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,052,729	0.000000	0.000000	8,832	63.00
65.00 06500 RESPIRATORY THERAPY	0	12,470,586	0.000000	0.000000	34,290	65.00
66.00 06600 PHYSICAL THERAPY	0	6,973,055	0.000000	0.000000	33,193	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,383,460	0.000000	0.000000	641	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,337,839	0.000000	0.000000	8,645	68.00
69.00 06900 ELECTROCARDIOLOGY	0	24,991,011	0.000000	0.000000	29,778	69.00
70.01 03320 ELECTROSHOCK THERAPY	0	233,695	0.000000	0.000000	20,216	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	64,006,424	0.000000	0.000000	11,405	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	30,722,974	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	76,407,842	0.000000	0.000000	2,104,303	73.00
74.00 07400 RENAL DIALYSIS	0	4,895,822	0.000000	0.000000	0	74.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,519,680	0.000000	0.000000	3,252	75.01
76.00 03950 OCCUPATIONAL HEALTH	0	1,476	0.000000	0.000000	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	2,880,974	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	1,585,193	0.000000	0.000000	0	90.00
90.01 09001 OUTPATIENT PROCEDURES	0	6,269,398	0.000000	0.000000	0	90.01
90.02 09002 PRCC	0	134,954,740	0.000000	0.000000	0	90.02
91.00 09100 EMERGENCY	0	98,643,864	0.000000	0.000000	735,815	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	20,375,793	0.000000	0.000000	105,572	92.00
200.00 Total (Lines 50-199)	0	857,062,360			3,936,953	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 10:58 am
Title XVIII		Subprovider - IPF	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	1,894	0	54.00
54.02	03630 ULTRA SOUND	0	1,591	0	54.02
57.00	05700 CT SCAN	0	8,730	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	13	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	85	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	4,336	0	69.00
70.01	03320 ELECTROSHOCK THERAPY	0	0	0	70.01
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
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0	0	0	76.00
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
90.01	09001 OUTPATIENT PROCEDURES	0	0	0	90.01
90.02	09002 PRCC	0	954	0	90.02
91.00	09100 EMERGENCY	0	589	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (Lines 50-199)	0	18,192	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 10:58 am
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.067952	0	0	11	0	50.00
51.00	05100	RECOVERY ROOM	0.146093	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.158586	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.035303	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147761	1,894	0	0	280	54.00
54.02	03630	ULTRA SOUND	0.120161	1,591	0	0	191	54.02
57.00	05700	CT SCAN	0.023590	8,730	0	0	206	57.00
58.00	05800	MRI	0.061253	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066586	13	0	0	1	59.00
60.00	06000	LABORATORY	0.098164	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.398169	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.141528	85	0	0	12	65.00
66.00	06600	PHYSICAL THERAPY	0.254063	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.239449	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.380881	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045397	4,336	0	1	197	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.010758	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.056881	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.673712	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.076112	0	0	1,255	0	73.00
74.00	07400	RENAL DIALYSIS	0.183522	0	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.741399	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	20.645664	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.228603	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.006201	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.185799	0	0	0	0	90.01
90.02	09002	PRCC	0.277088	954	0	0	264	90.02
91.00	09100	EMERGENCY	0.092571	589	0	0	55	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.314156	0	0	0	0	92.00
200.00		Subtotal (see instructions)		18,192	0	1,267	1,206	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		18,192	0	1,267	1,206	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 10:58 am
Title XVIII		Subprovider - IPF	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	1		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
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.01 03320 ELECTROSHOCK THERAPY	0	0		70.01
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	96		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.00 03950 OCCUPATIONAL HEALTH	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OUTPATIENT PROCEDURES	0	0		90.01
90.02 09002 PRCC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	97		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	97		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2017 10:58 am
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)		29,820	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,820	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)		22,580	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,574	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)		26,365,127	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)		26,365,127	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)		26,365,127	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)		884.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,696,476	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)		6,696,476	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 10:58 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,864,997	3,248	2,113.61	1,140	2,409,515	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)					13,401,598	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					22,507,589	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)					659,858	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					529,322	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,189,180	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,318,409	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)					7,240	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					884.14	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,401,174	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 10:58 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,922,234	26,365,127	0.072908	6,401,174	466,697	90.00
91.00	Nursing School cost	0	26,365,127	0.000000	6,401,174	0	91.00
92.00	Allied health cost	0	26,365,127	0.000000	6,401,174	0	92.00
93.00	All other Medical Education	0	26,365,127	0.000000	6,401,174	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 10:58 am
		Title XVIII	Subprovider - IPF	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)			11,426 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			11,426 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)			11,426 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)			2,809 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			11,826,920 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			11,826,920 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			11,826,920 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,035.09 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,907,568 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)			2,907,568 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1	
				Component CCN: 14-S174	Date/Time Prepared: 5/24/2017 10:58 am		
				Title XVIII	Subprovider - IPF	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)					354,426		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,261,994		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)					246,434		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,021		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					254,455		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,007,539		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 10:58 am	
		Title XVIII		Subprovider - IPF		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	1,002,376	11,826,920	0.084754	0	0	90.00
91.00	Nursing School cost	0	11,826,920	0.000000	0	0	91.00
92.00	Allied health cost	0	11,826,920	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,826,920	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Title XVIII	Hospital	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		26,165,797	30.00
31.00	03100	INTENSIVE CARE UNIT		9,694,868	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.067952	19,883,685	1,351,136 50.00
51.00	05100	RECOVERY ROOM	0.146093	3,167,800	462,793 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.158586	214,757	248,814 52.00
53.00	05300	ANESTHESIOLOGY	0.035303	1,331,414	47,003 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147761	3,891,900	575,071 54.00
54.02	03630	ULTRA SOUND	0.120161	1,076,803	129,390 54.02
57.00	05700	CT SCAN	0.023590	6,310,579	148,867 57.00
58.00	05800	MRI	0.061253	942,982	57,760 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066586	0	0 59.00
60.00	06000	LABORATORY	0.098164	12,288,040	1,206,243 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.398169	580,656	231,199 63.00
65.00	06500	RESPIRATORY THERAPY	0.141528	4,685,265	663,096 65.00
66.00	06600	PHYSICAL THERAPY	0.254063	1,496,813	380,285 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.239449	385,784	92,376 67.00
68.00	06800	SPEECH PATHOLOGY	0.380881	292,649	111,464 68.00
69.00	06900	ELECTROCARDIOLOGY	0.045397	8,060,310	365,914 69.00
70.01	03320	ELECTROSHOCK THERAPY	0.010758	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.056881	10,115,098	575,357 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.673712	5,313,092	3,579,494 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.076112	18,741,240	1,426,433 73.00
74.00	07400	RENAL DIALYSIS	0.183522	2,403,846	441,159 74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.741591	0	0 75.01
76.00	03950	OCCUPATIONAL HEALTH	20.645664	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.228603	426	97 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.006201	0	0 90.00
90.01	09001	OUTPATIENT PROCEDURES	0.185799	0	0 90.01
90.02	09002	PRCC	0.277088	0	0 90.02
91.00	09100	EMERGENCY	0.092869	8,541,962	793,283 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.314156	1,637,290	514,364 92.00
200.00		Total (sum of lines 50-94 and 96-98)		111,362,391	13,401,598 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		111,362,391	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 10:58 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		7,183,245		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.067952	5,030	342	50.00
51.00	05100 RECOVERY ROOM	0.146093	2,543	372	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.158586	1,220	1,413	52.00
53.00	05300 ANESTHESIOLOGY	0.035303	30,130	1,064	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.147761	54,855	8,105	54.00
54.02	03630 ULTRA SOUND	0.120161	11,863	1,425	54.02
57.00	05700 CT SCAN	0.023590	222,158	5,241	57.00
58.00	05800 MRI	0.061253	12,362	757	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.066586	0	0	59.00
60.00	06000 LABORATORY	0.098164	500,850	49,165	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.398169	8,832	3,517	63.00
65.00	06500 RESPIRATORY THERAPY	0.141528	34,290	4,853	65.00
66.00	06600 PHYSICAL THERAPY	0.254063	33,193	8,433	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.239449	641	153	67.00
68.00	06800 SPEECH PATHOLOGY	0.380881	8,645	3,293	68.00
69.00	06900 ELECTROCARDIOLOGY	0.045397	29,778	1,352	69.00
70.01	03320 ELECTROSHOCK THERAPY	0.010758	20,216	217	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.056881	11,405	649	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.673712	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.076112	2,104,303	160,163	73.00
74.00	07400 RENAL DIALYSIS	0.183522	0	0	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.741591	3,252	2,412	75.01
76.00	03950 OCCUPATIONAL HEALTH	20.645664	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.228603	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.006201	0	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	0.185799	0	0	90.01
90.02	09002 PRCC	0.277088	0	0	90.02
91.00	09100 EMERGENCY	0.092869	735,815	68,334	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.314156	105,572	33,166	92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,936,953	354,426	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		3,936,953		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 10:58 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		14,180,105	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,883,215	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)		220,740	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)		206.22	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)		4.65	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.42	31.00
32.00	Sum of lines 30 and 31		31.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.84	33.00
34.00	Disproportionate share adjustment (see instructions)		707,249	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 10:58 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,447,822	1,381,074	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,083,889	348,107	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,431,996		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		21,423,305		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)			21,423,305	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,642,233	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			8,029	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			23,073,567	59.00
60.00	Primary payer payments			17,497	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			23,056,070	61.00
62.00	Deductibles billed to program beneficiaries			1,725,304	62.00
63.00	Coinurance billed to program beneficiaries			29,302	63.00
64.00	Allowable bad debts (see instructions)			331,833	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			215,691	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			230,133	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			21,517,155	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	NEW TECHNOLOGY			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)			-11,292	70.93
70.94	HRR adjustment amount (see instructions)			-90,325	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 10:58 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			21,415,538	71.00
71.01	Sequestration adjustment (see instructions)			428,311	71.01
72.00	Interim payments			20,663,686	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)			323,541	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			106,177	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0174

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2017 10:58 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	14,180,105	0	14,180,105		14,180,105	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,883,215	0		4,883,215	4,883,215	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	220,740	0	88,566	132,174	220,740	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1484	0.1484	0.1484	0.1484		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	707,249	0	526,082	181,167	707,249	11.00
11.01	Uncompensated care payments	36.00	1,431,996	0	1,309,368	364,931	1,674,299	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	21,423,305	0	15,861,818	5,561,487	21,423,305	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,423,305	0	15,861,818	5,561,487	21,423,305	15.00
16.00	Payment for inpatient program capital	50.00	1,642,233	0	1,214,501	427,732	1,642,233	16.00
17.00	Special add-on payments for new technologies	54.00	8,029	0	3,886	4,143	8,029	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0174

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2017 10:58 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	17,080,205	5,993,362	23,073,567	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,532,739	0	1,137,425	395,314	1,532,739	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	10,019	0	3,257	6,762	10,019	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0649	0.0649	0.0649	0.0649		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	99,475	0	73,819	25,656	99,475	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,642,233	0	1,214,501	427,732	1,642,233	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	14,180,105	14,180,105		14,180,105	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,883,215		4,883,215	4,883,215	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00	220,740	88,566	132,174	220,740	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	0	0	0	0	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1484	0.1484	0.1484		
11.00	Disproportionate share adjustment (see instructions)	34.00	707,249	526,082	181,167	707,249	
11.01	Uncompensated care payments	36.00	1,431,996	1,083,889	348,107	1,431,996	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	21,423,305	15,878,642	5,544,663	21,423,305	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,423,305	15,878,642	5,544,663	21,423,305	
16.00	Payment for inpatient program capital	50.00	1,642,233	1,214,501	427,732	1,642,233	
17.00	Special add-on payments for new technologies	54.00	8,029	3,886	4,143	8,029	
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			17,097,029	5,976,538	23,073,567	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2017 10:58 am
Title XVIII			Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,532,739	1,137,425	395,314	1,532,739	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	10,019	3,257	6,762	10,019	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0649	0.0649	0.0649		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	99,475	73,819	25,656	99,475	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,642,233	1,214,501	427,732	1,642,233	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-11,292	-17,624	6,332	-11,292	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-90,325	-75,175	-15,150	-90,325	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 10:58 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,231	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,042,116	2.00
3.00	PPS payments		21,046,421	3.00
4.00	Outlier payment (see instructions)		547,854	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)		13,231	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		173,225	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)		173,225	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)		173,225	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		159,994	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)		13,231	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)		21,594,275	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)		3,662,457	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)		17,945,049	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)		17,945,049	30.00
31.00	Primary payer payments		1,364	31.00
32.00	Subtotal (line 30 minus line 31)		17,943,685	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)		356,961	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		232,025	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		255,763	36.00
37.00	Subtotal (see instructions)		18,175,710	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		18,175,710	40.00
40.01	Sequestration adjustment (see instructions)		363,514	40.01
41.00	Interim payments		17,895,505	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-83,309	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 10:58 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		97	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,206	2.00
3.00	PPS payments		1,273	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		97	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,267	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,267	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,267	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,170	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)		97	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)		1,273	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)		232	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)		1,138	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)		1,138	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,138	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,138	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)		1,138	40.00
40.01	Sequestration adjustment (see instructions)		23	40.01
41.00	Interim payments		1,104	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		11	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: 14-0174

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 10:58 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		20,420,230		17,576,282	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		323,210		333,873	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	07/26/2016	79,754	07/26/2016	14,650	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)		-79,754		-14,650	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)		20,663,686		17,895,505	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		323,541		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		83,309	6.02	
7.00	Total Medicare program liability (see instructions)		20,987,227		17,812,196	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0174
Component CCN: 14-S174

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 10:58 am

Title XVIII

Subprovider -
IPF

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					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		2,245,922		1,104	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,245,922		1,104	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		51,307		11	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,297,229		1,115	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/24/2017 10:58 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			6,775 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			8,714 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3,092 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			25,828 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			983,794,718 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			43,371,444 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			373,618 8.00
9.00	Sequestration adjustment amount (see instructions)			7,472 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			366,146 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			405,266 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			-39,120 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part I Date/Time Prepared: 5/24/2017 10:58 am
		Title XVIII	Hospital	PPS
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)			0 1.00
1.01	Nursing and allied health managed care payment (see instructions)			0 1.01
2.00	Organ acquisition			0 2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			0 4.00
5.00	Primary payer payments			0 5.00
6.00	Subtotal (line 4 less line 5)			0 6.00
7.00	Deductibles			0 7.00
8.00	Subtotal (line 6 minus line 7)			0 8.00
9.00	Coinsurance			0 9.00
10.00	Subtotal (line 8 minus line 9)			0 10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 11.00
12.00	Adjusted reimbursable bad debts (see instructions)			0 12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 13.00
14.00	Subtotal (sum of lines 10 and 12)			0 14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 15.00
16.00	DO NOT USE THIS LINE			0 16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 17.50
17.99	Recovery of Accelerated Depreciation			0 17.99
18.00	Total amount payable to the provider (see instructions)			0 18.00
18.01	Sequestration adjustment (see instructions)			0 18.01
19.00	Interim payments			0 19.00
20.00	Tentative settlement (for contractor use only)			0 20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 19, and 20)			0 21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/24/2017 10:58 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,563,189 1.00
2.00	Net IPF PPS Outlier Payments			56,726 2.00
3.00	Net IPF PPS ECT Payments			3,945 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	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 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	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 6.00
7.00	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 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			31.218579 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,623,860 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,623,860 16.00
17.00	Primary payer payments			1,706 17.00
18.00	Subtotal (line 16 less line 17).			2,622,154 18.00
19.00	Deductibles			280,756 19.00
20.00	Subtotal (line 18 minus line 19)			2,341,398 20.00
21.00	Coinsurance			49,588 21.00
22.00	Subtotal (line 20 minus line 21)			2,291,810 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			80,463 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			52,301 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			80,463 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,344,111 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,344,111 31.00
31.01	Sequestration adjustment (see instructions)			46,882 31.01
32.00	Interim payments			2,245,922 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			51,307 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			56,726 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: 14-0174

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

Worksheet G

Date/Time Prepared:
5/24/2017 10:58 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	730,000	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	28,323,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,549,000	0	0	0	7.00
8.00	Prepaid expenses	3,650,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	20,401,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	57,653,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,545,766	0	0	0	12.00
13.00	Land improvements	4,522,034	0	0	0	13.00
14.00	Accumulated depreciation	-3,569,672	0	0	0	14.00
15.00	Buildings	122,770,107	0	0	0	15.00
16.00	Accumulated depreciation	-78,870,637	0	0	0	16.00
17.00	Leasehold improvements	902,212	0	0	0	17.00
18.00	Accumulated depreciation	-718,241	0	0	0	18.00
19.00	Fixed equipment	8,564,359	0	0	0	19.00
20.00	Accumulated depreciation	-7,337,605	0	0	0	20.00
21.00	Automobiles and trucks	189,842	0	0	0	21.00
22.00	Accumulated depreciation	-169,060	0	0	0	22.00
23.00	Major movable equipment	45,430,266	0	0	0	23.00
24.00	Accumulated depreciation	-36,375,102	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)	59,884,269	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	6,627,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,627,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	124,164,269	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,152,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	245,000	0	0	0	40.00
41.00	Deferred income	60,000	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	15,435,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,892,000	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	397,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	397,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	19,289,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	104,875,268	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)	104,875,268	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	124,164,268	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0174

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

Worksheet G-1

Date/Time Prepared:
5/24/2017 10:58 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		92,958,726		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		13,817,497			2.00
3.00	Total (sum of line 1 and line 2)		106,776,223		0	3.00
4.00	ADJUSTMENT	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)		106,776,223		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00	NET ASSET TRANSFER	1,900,945		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)		1,900,945		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		104,875,278		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	ADJUSTMENT		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	NET ASSET TRANSFER		0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0174

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2017 10:58 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	73,053,894		73,053,894	1.00
2.00	SUBPROVIDER - IPF	29,296,761		29,296,761	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	102,350,655		102,350,655	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,806,335		23,806,335	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)	23,806,335		23,806,335	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	126,156,990		126,156,990	17.00
18.00	Ancillary services	295,167,952	326,545,689	621,713,641	18.00
19.00	Outpatient services	0	235,924,087	235,924,087	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER - CONTRACT PHARMACY	0	645,304	645,304	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	421,324,942	563,115,080	984,440,022	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		181,369,985		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)		181,369,985		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0174

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

Worksheet G-3

Date/Time Prepared:
5/24/2017 10:58 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	984,440,022	1.00
2.00	Less contractual allowances and discounts on patients' accounts	798,777,770	2.00
3.00	Net patient revenues (line 1 minus line 2)	185,662,252	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	181,369,985	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,292,267	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	267,726	6.00
7.00	Income from investments	67,862	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	492,115	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 OPERATING REVENUE	8,697,527	24.00
25.00	Total other income (sum of lines 6-24)	9,525,230	25.00
26.00	Total (line 5 plus line 25)	13,817,497	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,817,497	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet I-5 Date/Time Prepared: 5/24/2017 10:58 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0174	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/24/2017 10:58 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,532,739	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		10,019	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)		71.10	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)		4.65	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.42	8.00
9.00	Sum of lines 7 and 8		31.07	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.49	10.00
11.00	Disproportionate share adjustment (see instructions)		99,475	11.00
12.00	Total prospective capital payments (see instructions)		1,642,233	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