

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: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 6:25 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: _____ Time: _____
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 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 SAINTS MARY & ELIZABETH MED ( 14-0180 ) 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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	2,694,697	-215,034	676,953	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-8,288	158		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	3,421	-70		0	7.00
200.00 Total	0	2,689,830	-214,946	676,953	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: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 6:24 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 2233 WEST DIVISION STREET			PO Box:							1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60622		County: COOK			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 SAINTS MARY & ELIZABETH MED		140180	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		ST. MARY OF NAZARETH REHAB UNIT		14T180	16974	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF		ST. ELIZABETH'S SNF		145541	16974		01/28/1986	N	P	N	9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
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.			34,758	12,054	0	0	4,754	1,492	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 but unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			892	331	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 6:24 pm			
		Urban/Rural	St	Date of Geogra			
		1.00		2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:		Ending:			
		1.00		2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
		Y/N		Y/N			
		1.00		2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N	N			40.00
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)		N	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
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		Y				60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	
				1.00	2.00	3.00	4.00
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00	
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00
				1.00			
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.					N	87.00
				V	XIX		
				1.00	2.00		
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	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				
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			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: PRESENCE HEALTH	Contractor's Name: NGS		Contractor's Number: 00131			141.00
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:					142.00
143.00	City: CHI CAGO	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		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		155.00
156.00	Subprovider - IPF	N	N	N	N		156.00
157.00	Subprovider - IRF	N	N	N	N		157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N		159.00
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00
161.00	CMHC	N	N	N	N		161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N				165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						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	169.00
			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 6:24 pm
			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: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 6:25 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	Y	01/01/2016			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.	Y			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.	Y			8.00		
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00		
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00		
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00		
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00		
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00		
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00		
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	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: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 6:25 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		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	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CHRISTOPHER		KIMBLE	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) 914-2394		CHRIS.KIMBLE@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 6:25 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR FINANCIAL 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

HFS Supplemental Information		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part IX Date/Time Prepared: 5/24/2017 6:25 pm
		Title V 1.00	Title XIX 2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient 1.00	Outpatient 2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00
<b>RHC</b>				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0180

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2017 6:25 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	194	71,004	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)		194	71,004	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	8,574	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)		211	79,578	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	165	60,390		0	16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,490		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	30	10,980		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		421				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)		8	2,928			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: 14-0180

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2017 6:25 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	22,174	3,128	43,724			1.00
2.00	HMO and other (see instructions)	8,061	40,664				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	180	1,123				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	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	22,174	3,128	43,724			7.00
8.00	INTENSIVE CARE UNIT	892	289	4,261			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		1,413	3,912			13.00
14.00	Total (see instructions)	23,066	4,830	51,897	44.41	1,383.08	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	7,564	44,247	0.00	166.82	16.00
17.00	SUBPROVIDER - IRF	1,038	100	2,759	0.00	13.34	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	6,335	0	8,513	0.00	37.26	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)				44.41	1,600.50	27.00
28.00	Observation Bed Days		1,968	5,200			28.00
29.00	Ambulance Trips	0		0			29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			270			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0180

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2017 6:25 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,849	1,116	11,871	1.00
2.00 HMO and other (see instructions)			1,365	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,849	1,116	11,871	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	813	5,935	16.00
17.00 SUBPROVIDER - IRF	0.00	0	84	11	263	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
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: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet S-3 Part II Date/Time Prepared: 5/24/2017 6:25 pm		
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)			
	1.00	2.00	3.00	4.00	5.00	6.00			
<b>PART II - WAGE DATA</b>									
<b>SALARIES</b>									
1.00	Total salaries (see instructions)	200.00	97,427,050	0	97,427,050	2,982,057.00	32.67		
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00		
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00		
4.00	Physician-Part A - Administrative		1,088,006	0	1,088,006	12,878.00	84.49		
4.01	Physicians - Part A - Teaching		686,747	0	686,747	7,590.00	90.48		
5.00	Physician and Non-Physician-Part B		2,148,656	0	2,148,656	25,915.00	82.91		
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00		
7.00	Interns & residents (in an approved program)	21.00	0	2,146,533	2,146,533	82,337.00	26.07		
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00		
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00		
9.00	SNF	44.00	2,748,381	0	2,748,381	77,501.00	35.46		
10.00	Excluded area salaries (see instructions)		11,772,788	22,677	11,795,465	377,806.00	31.22		
<b>OTHER WAGES &amp; RELATED COSTS</b>									
11.00	Contract Labor: Direct Patient Care		9,359,300	0	9,359,300	241,650.00	38.73		
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00		
13.00	Contract Labor: Physician-Part A - Administrative		26,815	0	26,815	512.00	52.37		
14.00	Home office and/or related organization salaries and wage-related costs		21,929,282	0	21,929,282	420,365.00	52.17		
14.01	Home office salaries		0	0	0	0.00	0.00		
14.02	Related organization salaries		0	0	0	0.00	0.00		
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00		
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00		
<b>WAGE-RELATED COSTS</b>									
17.00	Wage-related costs (core) (see instructions)		23,660,728	0	23,660,728		17.00		
18.00	Wage-related costs (other) (see instructions)		0	0	0		18.00		
19.00	Excluded areas		3,027,203	0	3,027,203		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		174,891	0	174,891		22.00		
22.01	Physician Part A - Teaching		93,258	0	93,258		22.01		
23.00	Physician Part B		348,358	0	348,358		23.00		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00		
25.00	Interns & residents (in an approved program)		458,240	0	458,240		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		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>									
26.00	Employee Benefits Department	4.00	132,372	0	132,372	0.00	0.00		
27.00	Administrative & General	5.00	11,382,886	0	11,382,886	371,571.00	30.63		
28.00	Administrative & General under contract (see inst.)		1,617,114	0	1,617,114	7,249.00	223.08		
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0180

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2017 6:25 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
30.00	Operation of Plant	7.00	2,451,882	-22,677	2,429,205	67,017.00	36.25	30.00
31.00	Laundry & Linen Service	8.00	172,459	0	172,459	8,017.00	21.51	31.00
32.00	Housekeeping	9.00	1,879,991	0	1,879,991	137,453.00	13.68	32.00
33.00	Housekeeping under contract (see instructions)		776,269	0	776,269	25,876.00	30.00	33.00
34.00	Dietary	10.00	2,014,619	-848,632	1,165,987	86,459.00	13.49	34.00
35.00	Dietary under contract (see instructions)		1,131,013	0	1,131,013	22,881.00	49.43	35.00
36.00	Cafeteria	11.00	6,160	848,632	854,792	63,679.00	13.42	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,070,249	0	2,070,249	46,340.00	44.68	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	4,061,869	0	4,061,869	99,844.00	40.68	40.00
41.00	Medical Records & Medical Records Library	16.00	292,893	0	292,893	22,123.00	13.24	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0180

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/24/2017 6:25 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	98,116,043	-2,146,533	95,969,510	2,922,221.00	32.84	1.00
2.00	Excluded area salaries (see instructions)	14,521,169	22,677	14,543,846	455,307.00	31.94	2.00
3.00	Subtotal salaries (line 1 minus line 2)	83,594,874	-2,169,210	81,425,664	2,466,914.00	33.01	3.00
4.00	Subtotal other wages & related costs (see inst.)	31,315,397	0	31,315,397	662,527.00	47.27	4.00
5.00	Subtotal wage-related costs (see inst.)	23,835,619	0	23,835,619	0.00	29.27	5.00
6.00	Total (sum of lines 3 thru 5)	138,745,890	-2,169,210	136,576,680	3,129,441.00	43.64	6.00
7.00	Total overhead cost (see instructions)	27,989,776	-22,677	27,967,099	958,509.00	29.18	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2017 6:25 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	3,318,572	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)	6,544,303	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	8,825,229	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	172,676	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	62,793	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)	288,850	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,263,653	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	6,809,364	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	274,252	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	202,987	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	27,762,679	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/24/2017 6:25 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		9,359,300	27,762,679 1.00
2.00	Hospital		9,359,300	25,715,696 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	2,046,983 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0180

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

Worksheet S-7

Date/Time Prepared:  
5/24/2017 6:25 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	4	0	4	3.00
4.00	RUL	51	0	51	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	9	0	9	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	439	0	439	12.00
13.00	RUB	2,714	0	2,714	13.00
14.00	RUA	1,276	0	1,276	14.00
15.00	RVC	98	0	98	15.00
16.00	RVB	826	0	826	16.00
17.00	RVA	715	0	715	17.00
18.00	RHC	8	0	8	18.00
19.00	RHB	23	0	23	19.00
20.00	RHA	58	0	58	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	18	0	18	22.00
23.00	RMA	5	0	5	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	2	0	2	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	10	0	10	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	3	0	3	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	25	0	25	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	18	0	18	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	27	0	27	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	1	0	1	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0180

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

Worksheet S-7

Date/Time Prepared:  
5/24/2017 6:25 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	5	0	5	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		6,335	0	6,335	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)					
202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	7,916,910			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/24/2017 6:25 pm
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			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.200919	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		168,674,065	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		491,671,393	6.00
7.00	Medicaid cost (line 1 times line 6)		98,786,125	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
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>				
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
<b>Other state or local government indigent care program (see instructions for each line)</b>				
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
<b>Uncompensated care (see instructions for each line)</b>				
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
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	
			3.00	
20.00	Charity care charges for the entire facility (see instructions)	31,505,996	3,114,289	34,620,285
21.00	Cost of patients approved for charity care (line 1 times line 20)	6,330,153	625,720	6,955,873
22.00	Partial payment by patients approved for charity care	166,113	291,174	457,287
23.00	Cost of charity care (line 21 minus line 22)	6,164,040	334,546	6,498,586
			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)		8,750,932	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,002,512	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		7,748,420	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,556,805	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,055,391	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,055,391	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet A		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	11,801,879	11,801,879	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	9,067,413	9,067,413	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	132,372	352,266	484,638	21,689,645	22,174,283	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,382,886	82,068,848	93,451,734	-15,135,591	78,316,143	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,451,882	9,183,963	11,635,845	-1,361,988	10,273,857	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	172,459	839,484	1,011,943	-70,172	941,771	8.00
9.00	00900	HOUSEKEEPING	1,879,991	1,956,652	3,836,643	-879,610	2,957,033	9.00
10.00	01000	DIETARY	2,014,619	3,713,714	5,728,333	-2,931,362	2,796,971	10.00
11.00	01100	CAFETERIA	6,160	3,877	10,037	2,031,822	2,041,859	11.00
13.00	01300	NURSING ADMINISTRATION	2,070,249	744,471	2,814,720	-555,446	2,259,274	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	627,265	627,265	-581,867	45,398	14.00
15.00	01500	PHARMACY	4,061,869	8,616,630	12,678,499	-8,041,598	4,636,901	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	292,893	477,039	769,932	-109,602	660,330	16.00
17.00	01700	SOCIAL SERVICE	0	939	939	-939	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,146,533	2,146,533	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,598,907	1,773,906	6,372,813	-2,935,257	3,437,556	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	74,801	12,800	87,601	-12,564	75,037	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	15,446,475	10,075,763	25,522,238	-4,866,966	20,655,272	30.00
31.00	03100	INTENSIVE CARE UNIT	4,153,182	1,410,812	5,563,994	-1,238,637	4,325,357	31.00
40.00	04000	SUBPROVIDER - I PF	10,794,753	9,034,161	19,828,914	-2,611,858	17,217,056	40.00
41.00	04100	SUBPROVIDER - I RF	903,234	225,184	1,128,418	-191,626	936,792	41.00
43.00	04300	NURSERY	760,608	453,141	1,213,749	-173,338	1,040,411	43.00
44.00	04400	SKILLED NURSING FACILITY	2,748,381	1,017,890	3,766,271	-766,382	2,999,889	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,249,879	16,105,140	22,355,019	-13,777,036	8,577,983	50.00
51.00	05100	RECOVERY ROOM	873,712	267,119	1,140,831	-251,908	888,923	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,906,901	1,572,112	6,479,013	-1,411,181	5,067,832	52.00
53.00	05300	ANESTHESIOLOGY	124,447	1,205,470	1,329,917	-433,634	896,283	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,477,224	1,771,491	5,248,715	-1,540,102	3,708,613	54.00
54.01	03190	OUTPATIENT ONCOLOGY	1,019,859	7,183,869	8,203,728	-6,221,453	1,982,275	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	211,217	326,524	537,741	-161,351	376,390	55.00
57.00	05700	CT SCAN	590,348	134,202	724,550	-134,149	590,401	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	323,732	668,483	992,215	-481,955	510,260	58.00
59.00	05900	CARDIAC CATHETERIZATION	485,055	732,961	1,218,016	-703,574	514,442	59.00
60.00	06000	LABORATORY	0	9,828,134	9,828,134	-164,019	9,664,115	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	10,559	948	11,507	-948	10,559	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	46,378	46,378	-20,012	26,366	63.00
65.00	06500	RESPIRATORY THERAPY	1,504,861	691,035	2,195,896	-603,343	1,592,553	65.00
66.00	06600	PHYSICAL THERAPY	2,480,530	568,730	3,049,260	-526,703	2,522,557	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,055,799	218,539	1,274,338	-205,927	1,068,411	67.00
68.00	06800	SPEECH PATHOLOGY	223,277	43,317	266,594	-42,038	224,556	68.00
69.00	06900	ELECTROCARDIOLOGY	890,452	615,682	1,506,134	-373,949	1,132,185	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	200,233	586,504	786,737	-66,890	719,847	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,211,124	11,211,124	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,243,198	5,243,198	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,398,097	15,398,097	73.00
74.00	07400	RENAL DIALYSIS	501,405	324,074	825,479	-234,231	591,248	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	3,390,952	3,390,952	-2,287	3,388,665	76.00
76.97	07697	CARDIAC REHABILITATION	155,833	35,116	190,949	-32,249	158,700	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,218,714	819,197	2,037,911	-300,634	1,737,277	90.00
91.00	09100	EMERGENCY	6,977,292	6,003,508	12,980,800	-2,459,152	10,521,648	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		5,312,482	5,312,482	-5,312,482	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	97,427,050	191,040,772	288,467,822	663,701	289,131,523	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	200	200	0	200	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	123	123	70,001	70,124	194.00
194.01	07951	OUTPATIENT PHARMACY	0	1,171,129	1,171,129	-733,702	437,427	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet A Date/Time Prepared: 5/24/2017 6:24 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	97,427,050	192,212,224	289,639,274	0	289,639,274	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0180

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

Worksheet A  
Date/Time Prepared:  
5/24/2017 6:24 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	822,114	12,623,993	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-442,722	8,624,691	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,210,560	23,384,843	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,659,073	73,657,070	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-8	10,273,849	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	941,771	8.00
9.00	00900	HOUSEKEEPING	0	2,957,033	9.00
10.00	01000	DIETARY	0	2,796,971	10.00
11.00	01100	CAFETERIA	-1,122,598	919,261	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,259,274	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	286,987	332,385	14.00
15.00	01500	PHARMACY	0	4,636,901	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,370,865	2,031,195	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,146,533	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,437,556	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	75,037	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-4,452,520	16,202,752	30.00
31.00	03100	INTENSIVE CARE UNIT	152,413	4,477,770	31.00
40.00	04000	SUBPROVIDER - I PF	-497,615	16,719,441	40.00
41.00	04100	SUBPROVIDER - I RF	-1,667	935,125	41.00
43.00	04300	NURSERY	-252,000	788,411	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,999,889	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-705,368	7,872,615	50.00
51.00	05100	RECOVERY ROOM	0	888,923	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,063,418	4,004,414	52.00
53.00	05300	ANESTHESIOLOGY	-714,853	181,430	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-995	3,707,618	54.00
54.01	03190	OUTPATIENT ONCOLOGY	-13,113	1,969,162	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	376,390	55.00
57.00	05700	CT SCAN	0	590,401	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	510,260	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	514,442	59.00
60.00	06000	LABORATORY	254,752	9,918,867	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	10,559	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	26,366	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,592,553	65.00
66.00	06600	PHYSICAL THERAPY	0	2,522,557	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,068,411	67.00
68.00	06800	SPEECH PATHOLOGY	0	224,556	68.00
69.00	06900	ELECTROCARDIOLOGY	-159,656	972,529	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-507,942	211,905	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,211,124	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,243,198	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,398,097	73.00
74.00	07400	RENAL DIALYSIS	0	591,248	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	-126,240	3,262,425	76.00
76.97	07697	CARDIAC REHABILITATION	-4,531	154,169	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-350,782	1,386,495	90.00
91.00	09100	EMERGENCY	-2,980,257	7,541,391	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,957,667	275,173,856	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	200	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	CONVENT	0	70,124	194.00
194.01	07951	OUTPATIENT PHARMACY	0	437,427	194.01
194.02	07952	FUND DEVELOPMENT	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-13,957,667	275,681,607	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet Non-CMS Wo Date/Time Prepared: 5/24/2017 6:24 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMED ED PRGM-PHARMACY	02300		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - I PF	04000		40.00
41.00	SUBPROVIDER - I RF	04100		41.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	OUTPATIENT ONCOLOGY	03190	CHEMOTHERAPY	54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	MENTAL HEALTH OUTPATIENT	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	07699	LITHOTRIPSY	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	CONVENT	07950		194.00

COST CENTERS USED IN COST REPORT		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet Non-CMS Wo Date/Time Prepared: 5/24/2017 6:24 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
194.01	OUTPATIENT PHARMACY	07951		194.01
194.02	FUND DEVELOPMENT	07952		194.02
194.03	NURSING EDUC BLD UNUSED SPACE	07953		194.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:  
5/24/2017 6:24 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,040,365	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
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
<b>TOTALS</b>			0	22,040,365	
<b>B - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,398,097	1.00
2.00	CT SCAN	57.00	0	709	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	1,534	3.00
4.00		0.00	0	0	4.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
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
18.00		0.00	0	0	18.00
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
<b>TOTALS</b>			0	15,400,340	

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6  
Date/Time Prepared:  
5/24/2017 6:24 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>C - SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,211,124	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	14,981	2.00
3.00	OPERATION OF PLANT	7.00	0	1,012	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
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
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
<b>TOTALS</b>			0	11,227,117	
<b>D - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,243,198	1.00
2.00	CT SCAN	57.00	0	648	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
<b>TOTALS</b>			0	5,243,846	
<b>E - BUILDING INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	195,177	1.00
<b>TOTALS</b>			0	195,177	

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6  
Date/Time Prepared:  
5/24/2017 6:24 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>F - MORTGAGE INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,312,482	1.00
	TOTALS		0	5,312,482	
<b>G - DEPRECIATION1</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,294,220	1.00
2.00	DIETARY	10.00	0	221	2.00
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
	TOTALS		0	6,294,441	
<b>H - DEPRECIATION2</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,067,413	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	TOTALS		0	9,067,413	
<b>I - PHONE</b>					
1.00	OPERATION OF PLANT	7.00	0	285,287	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	285,287	
<b>J - CAFETERIA</b>					
1.00	CAFETERIA	11.00	848,632	1,187,067	1.00
	TOTALS		848,632	1,187,067	

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6  
Date/Time Prepared:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
K - INTERNS RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES	21.00	2,146,533	0	1.00
	APPRV				
	TOTALS		2,146,533	0	
L - CONVENT MAINT					
1.00	CONVENT	194.00	22,677	47,445	1.00
	TOTALS		22,677	47,445	
500.00	Grand Total: Increases		3,017,842	76,300,980	500.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6  
Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - EMPLOYEE BENEFITS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	349,100	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,651,048	0	2.00
3.00	OPERATION OF PLANT	7.00	0	511,122	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	70,172	0	4.00
5.00	HOUSEKEEPING	9.00	0	810,671	0	5.00
6.00	DIETARY	10.00	0	885,821	0	6.00
7.00	CAFETERIA	11.00	0	3,050	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	403,727	0	8.00
9.00	PHARMACY	15.00	0	775,488	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	102,256	0	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	787,670	0	11.00
12.00	PARAMEDICAL PRGM-PHARMACY	23.00	0	12,564	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	3,492,558	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	777,613	0	14.00
15.00	SUBPROVIDER - IRF	41.00	0	182,820	0	15.00
16.00	NURSERY	43.00	0	153,982	0	16.00
17.00	SKILLED NURSING FACILITY	44.00	0	633,471	0	17.00
18.00	OPERATING ROOM	50.00	0	1,325,847	0	18.00
19.00	RECOVERY ROOM	51.00	0	157,867	0	19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	966,763	0	20.00
21.00	ANESTHESIOLOGY	53.00	0	32,497	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	777,087	0	22.00
23.00	OUTPATIENT ONCOLOGY	54.01	0	195,250	0	23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	47,118	0	24.00
25.00	CT SCAN	57.00	0	127,687	0	25.00
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	59,602	0	26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	97,341	0	27.00
28.00	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0	948	0	28.00
29.00	RESPIRATORY THERAPY	65.00	0	351,844	0	29.00
30.00	PHYSICAL THERAPY	66.00	0	484,851	0	30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	200,024	0	31.00
32.00	SPEECH PATHOLOGY	68.00	0	42,038	0	32.00
33.00	ELECTROCARDIOLOGY	69.00	0	203,021	0	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	51,822	0	34.00
35.00	RENAL DIALYSIS	74.00	0	106,162	0	35.00
36.00	CARDIAC REHABILITATION	76.97	0	29,731	0	36.00
37.00	CLINIC	90.00	0	230,381	0	37.00
38.00	EMERGENCY	91.00	0	1,437,732	0	38.00
39.00	SUBPROVIDER - IRF	40.00	0	2,511,619	0	39.00
TOTALS			0	22,040,365		
<b>B - DRUGS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	404	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	7,597	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,365	0	3.00
4.00	PHARMACY	15.00	0	7,200,609	0	4.00
6.00	ADULTS & PEDIATRICS	30.00	0	289,144	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	70,355	0	7.00
8.00	SUBPROVIDER - IRF	41.00	0	434	0	8.00
9.00	NURSERY	43.00	0	1,129	0	9.00
10.00	SKILLED NURSING FACILITY	44.00	0	20,338	0	10.00
11.00	OPERATING ROOM	50.00	0	164,397	0	11.00
12.00	RECOVERY ROOM	51.00	0	9,641	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	43,524	0	13.00
14.00	ANESTHESIOLOGY	53.00	0	102,068	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	328,820	0	15.00
16.00	OUTPATIENT ONCOLOGY	54.01	0	5,859,734	0	16.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	127,144	0	18.00
20.00	LABORATORY	60.00	0	47,748	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,361	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	678	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	350	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	3	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	29,846	0	25.00
26.00	RENAL DIALYSIS	74.00	0	6,679	0	26.00
27.00	MENTAL HEALTH OUTPATIENT	76.00	0	2,271	0	27.00
28.00	CLINIC	90.00	0	34,380	0	28.00
29.00	EMERGENCY	91.00	0	310,385	0	29.00
30.00	OUTPATIENT PHARMACY	194.01	0	732,905	0	30.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6  
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
31.00	SUBPROVIDER - IPF	40.00	0	5,031	0		31.00
	TOTALS		0	15,400,340			
<b>C - SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,216	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	HOUSEKEEPING	9.00	0	66,176	0		4.00
5.00	DIETARY	10.00	0	886	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	2,771	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	448,849	0		7.00
8.00	PHARMACY	15.00	0	38,508	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	35	0		9.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	185	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	636,265	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	245,652	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	2,265	0		14.00
15.00	NURSERY	43.00	0	16,827	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	98,259	0		16.00
17.00	OPERATING ROOM	50.00	0	7,458,846	0		17.00
18.00	RECOVERY ROOM	51.00	0	24,147	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	287,799	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	257,596	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	101,752	0		21.00
22.00	OUTPATIENT ONCOLOGY	54.01	0	44,009	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	501	0		23.00
24.00	CT SCAN	57.00	0	5,622	0		24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	96,237	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	318,747	0		26.00
27.00	LABORATORY	60.00	0	18,069	0		27.00
28.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	15,584	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	217,250	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	29,239	0		30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	5,066	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	15,116	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,467	0		33.00
34.00	RENAL DIALYSIS	74.00	0	119,632	0		34.00
35.00	MENTAL HEALTH OUTPATIENT	76.00	0	16	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	903	0		36.00
37.00	CLINIC	90.00	0	10,571	0		37.00
38.00	EMERGENCY	91.00	0	569,289	0		38.00
39.00	CONVENT	194.00	0	4	0		39.00
40.00	SUBPROVIDER - IPF	40.00	0	67,761	0		40.00
	TOTALS		0	11,227,117			
<b>D - IMPLANTS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	161	0		1.00
2.00	OPERATION OF PLANT	7.00	0	58	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	66	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	45,914	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	319,255	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	43,789	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	131	0		7.00
8.00	NURSERY	43.00	0	266	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	3,807	0		9.00
10.00	OPERATING ROOM	50.00	0	4,287,550	0		10.00
11.00	RECOVERY ROOM	51.00	0	1,403	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	93,504	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	25,566	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,222	0		14.00
15.00	OUTPATIENT ONCOLOGY	54.01	0	2,638	0		15.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	6,271	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	275,035	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	35	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	8	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	280	0		21.00
22.00	RENAL DIALYSIS	74.00	0	57	0		22.00
23.00	CLINIC	90.00	0	50	0		23.00
24.00	EMERGENCY	91.00	0	107,205	0		24.00
25.00	SUBPROVIDER - IPF	40.00	0	9,575	0		25.00
	TOTALS		0	5,243,846			

RECLASSIFICATIONS

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Worksheet A-6  
Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
<b>E - BUILDING INSURANCE</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	195,177	12	1.00
	TOTALS		0	195,177		
<b>F - MORTGAGE INTEREST</b>						
1.00	INTEREST EXPENSE	113.00	0	5,312,482	11	1.00
	TOTALS		0	5,312,482		
<b>G - DEPRECIATION1</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,240,425	9	1.00
2.00	OPERATION OF PLANT	7.00	0	18,978	0	2.00
4.00	NURSING ADMINISTRATION	13.00	0	5,820	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	84,228	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	119,458	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	101,228	0	7.00
8.00	SUBPROVIDER - IRF	41.00	0	5,976	0	8.00
9.00	NURSERY	43.00	0	1,134	0	9.00
10.00	OPERATING ROOM	50.00	0	539,747	0	10.00
11.00	RECOVERY ROOM	51.00	0	58,850	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19,485	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	15,907	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	311,221	0	14.00
15.00	OUTPATIENT ONCOLOGY	54.01	0	114,271	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	113,732	0	16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	192,701	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	13,905	0	18.00
19.00	LABORATORY	60.00	0	98,202	0	19.00
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,067	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	33,571	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	11,420	0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	826	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	124,091	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,361	0	25.00
26.00	RENAL DIALYSIS	74.00	0	1,701	0	26.00
27.00	CARDIAC REHABILITATION	76.97	0	299	0	27.00
28.00	CLINIC	90.00	0	21,667	0	28.00
29.00	EMERGENCY	91.00	0	34,373	0	29.00
30.00	OUTPATIENT PHARMACY	194.01	0	797	0	30.00
	TOTALS		0	6,294,441		
<b>H - DEPRECIATION2</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,773,195	9	1.00
2.00	OPERATION OF PLANT	7.00	0	1,048,007	0	2.00
3.00	HOUSEKEEPING	9.00	0	2,763	0	3.00
4.00	DIETARY	10.00	0	8,632	0	4.00
5.00	CAFETERIA	11.00	0	827	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	143,062	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	511	0	7.00
8.00	PHARMACY	15.00	0	26,993	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,311	0	9.00
10.00	SOCIAL SERVICE	17.00	0	939	0	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	869	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	10,286	0	12.00
13.00	SKILLED NURSING FACILITY	44.00	0	10,507	0	13.00
14.00	OPERATING ROOM	50.00	0	649	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	106	0	15.00
16.00	OUTPATIENT ONCOLOGY	54.01	0	5,106	0	16.00
17.00	CT SCAN	57.00	0	2,197	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	80	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	808	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	1,595	0	20.00
21.00	CARDIAC REHABILITATION	76.97	0	1,316	0	21.00
22.00	CLINIC	90.00	0	3,585	0	22.00
23.00	EMERGENCY	91.00	0	80	0	23.00
24.00	CONVENT	194.00	0	117	0	24.00
25.00	SUBPROVIDER - IPF	40.00	0	17,872	0	25.00
	TOTALS		0	9,067,413		
<b>I - PHONE</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	282,969	0	1.00
2.00	DIETARY	10.00	0	545	0	2.00
3.00	OUTPATIENT ONCOLOGY	54.01	0	445	0	3.00
4.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,240	0	4.00
5.00	EMERGENCY	91.00	0	88	0	5.00
	TOTALS		0	285,287		

Provider CCN: 14-0180

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

Worksheet A-6  
Date/Time Prepared:  
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
J - CAFETERIA								
1.00	DIETARY	10.00	848,632	1,187,067	0			1.00
	TOTALS		848,632	1,187,067				
K - INTERNS RESIDENTS								
1.00	I&R SERVICES-OTHER PRGM COSTS	22.00	2,146,533	0	0			1.00
	APPRV							
	TOTALS		2,146,533	0				
L - CONVENT MAINT								
1.00	OPERATION OF PLANT	7.00	22,677	47,445	0			1.00
	TOTALS		22,677	47,445				
500.00	Grand Total: Decreases		3,017,842	76,300,980				500.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/24/2017 6:24 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
<b>A - EMPLOYEE BENEFITS</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,040,365	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	349,100	1.00
2.00		0.00	0		ADMINISTRATIVE & GENERAL	5.00	0	2,651,048	2.00
3.00		0.00	0		OPERATION OF PLANT	7.00	0	511,122	3.00
4.00		0.00	0		LAUNDRY & LINEN SERVICE	8.00	0	70,172	4.00
5.00		0.00	0		HOUSEKEEPING	9.00	0	810,671	5.00
6.00		0.00	0		DIETARY	10.00	0	885,821	6.00
7.00		0.00	0		CAFETERIA	11.00	0	3,050	7.00
8.00		0.00	0		NURSING ADMINISTRATION	13.00	0	403,727	8.00
9.00		0.00	0		PHARMACY	15.00	0	775,488	9.00
10.00		0.00	0		MEDICAL RECORDS & LIBRARY	16.00	0	102,256	10.00
11.00		0.00	0		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	787,670	11.00
12.00		0.00	0		PARAMED ED PRGM-PHARMACY	23.00	0	12,564	12.00
13.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	3,492,558	13.00
14.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	777,613	14.00
15.00		0.00	0		SUBPROVIDER - I RF	41.00	0	182,820	15.00
16.00		0.00	0		NURSERY	43.00	0	153,982	16.00
17.00		0.00	0		SKILLED NURSING FACILITY	44.00	0	633,471	17.00
18.00		0.00	0		OPERATING ROOM	50.00	0	1,325,847	18.00
19.00		0.00	0		RECOVERY ROOM	51.00	0	157,867	19.00
20.00		0.00	0		DELIVERY ROOM & LABOR ROOM	52.00	0	966,763	20.00
21.00		0.00	0		ANESTHESIOLOGY	53.00	0	32,497	21.00
22.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	777,087	22.00
23.00		0.00	0		OUTPATIENT ONCOLOGY	54.01	0	195,250	23.00
24.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	47,118	24.00
25.00		0.00	0		CT SCAN	57.00	0	127,687	25.00
26.00		0.00	0		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	59,602	26.00
27.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	97,341	27.00
28.00		0.00	0		BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0	948	28.00
29.00		0.00	0		RESPIRATORY THERAPY	65.00	0	351,844	29.00
30.00		0.00	0		PHYSICAL THERAPY	66.00	0	484,851	30.00
31.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	200,024	31.00
32.00		0.00	0		SPEECH PATHOLOGY	68.00	0	42,038	32.00
33.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	203,021	33.00
34.00		0.00	0		ELECTROENCEPHALOGRAPHY	70.00	0	51,822	34.00
35.00		0.00	0		RENAL DIALYSIS	74.00	0	106,162	35.00
36.00		0.00	0		CARDIAC REHABILITATION	76.97	0	29,731	36.00
37.00		0.00	0		CLINIC	90.00	0	230,381	37.00
38.00		0.00	0		EMERGENCY	91.00	0	1,437,732	38.00
39.00		0.00	0		SUBPROVIDER - I PF	40.00	0	2,511,619	39.00
	<b>TOTALS</b>		0	22,040,365	<b>TOTALS</b>		0	22,040,365	
<b>B - DRUGS</b>									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,398,097	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	404	1.00
2.00	CT SCAN	57.00	0	709	ADMINISTRATIVE & GENERAL	5.00	0	7,597	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	1,534	CENTRAL SERVICES & SUPPLY	14.00	0	2,365	3.00
4.00		0.00	0		PHARMACY	15.00	0	7,200,609	4.00
6.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	289,144	6.00
7.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	70,355	7.00
8.00		0.00	0		SUBPROVIDER - I RF	41.00	0	434	8.00
9.00		0.00	0		NURSERY	43.00	0	1,129	9.00
10.00		0.00	0		SKILLED NURSING FACILITY	44.00	0	20,338	10.00
11.00		0.00	0		OPERATING ROOM	50.00	0	164,397	11.00
12.00		0.00	0		RECOVERY ROOM	51.00	0	9,641	12.00
13.00		0.00	0		DELIVERY ROOM & LABOR ROOM	52.00	0	43,524	13.00
14.00		0.00	0		ANESTHESIOLOGY	53.00	0	102,068	14.00
15.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	328,820	15.00
16.00		0.00	0		OUTPATIENT ONCOLOGY	54.01	0	5,859,734	16.00
18.00		0.00	0		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	127,144	18.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6  
Non-CMS Worksheet  
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5/24/2017 6:24 pm

Increases					Decreases						
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00			
20.00	0.00	0	0	0	LABORATORY	60.00	0	47,748	20.00		
21.00	0.00	0	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,361	21.00		
22.00	0.00	0	0	0	RESPIRATORY THERAPY	65.00	0	678	22.00		
23.00	0.00	0	0	0	PHYSICAL THERAPY	66.00	0	350	23.00		
24.00	0.00	0	0	0	OCCUPATIONAL THERAPY	67.00	0	3	24.00		
25.00	0.00	0	0	0	ELECTROCARDIOLOGY	69.00	0	29,846	25.00		
26.00	0.00	0	0	0	RENAL DIALYSIS	74.00	0	6,679	26.00		
27.00	0.00	0	0	0	MENTAL HEALTH OUTPATIENT	76.00	0	2,271	27.00		
28.00	0.00	0	0	0	CLINIC	90.00	0	34,380	28.00		
29.00	0.00	0	0	0	EMERGENCY	91.00	0	310,385	29.00		
30.00	0.00	0	0	0	OUTPATIENT PHARMACY	194.01	0	732,905	30.00		
31.00	0.00	0	0	0	SUBPROVIDER - IPF	40.00	0	5,031	31.00		
TOTALS				0	15,400,340	TOTALS				0	15,400,340
C - SUPPLIES											
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,211,124	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,216	1.00		
2.00	ADMINISTRATIVE & GENERAL	5.00	0	14,981		0.00	0	0	2.00		
3.00	OPERATION OF PLANT	7.00	0	1,012		0.00	0	0	3.00		
4.00		0.00	0	0	HOUSEKEEPING	9.00	0	66,176	4.00		
5.00		0.00	0	0	DIETARY	10.00	0	886	5.00		
6.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	2,771	6.00		
7.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	448,849	7.00		
8.00		0.00	0	0	PHARMACY	15.00	0	38,508	8.00		
9.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	35	9.00		
11.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	185	11.00		
12.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	636,265	12.00		
13.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	245,652	13.00		
14.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	2,265	14.00		
15.00		0.00	0	0	NURSERY	43.00	0	16,827	15.00		
16.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	98,259	16.00		
17.00		0.00	0	0	OPERATING ROOM	50.00	0	7,458,846	17.00		
18.00		0.00	0	0	RECOVERY ROOM	51.00	0	24,147	18.00		
19.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	287,799	19.00		
20.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	257,596	20.00		
21.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	101,752	21.00		
22.00		0.00	0	0	OUTPATIENT ONCOLOGY	54.01	0	44,009	22.00		
23.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	501	23.00		
24.00		0.00	0	0	CT SCAN	57.00	0	5,622	24.00		
25.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	96,237	25.00		
26.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	318,747	26.00		
27.00		0.00	0	0	LABORATORY	60.00	0	18,069	27.00		
28.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	15,584	28.00		
29.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	217,250	29.00		
30.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	29,239	30.00		
31.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	5,066	31.00		
32.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	15,116	32.00		
33.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	5,467	33.00		
34.00		0.00	0	0	RENAL DIALYSIS	74.00	0	119,632	34.00		
35.00		0.00	0	0	MENTAL HEALTH OUTPATIENT	76.00	0	16	35.00		
36.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	903	36.00		
37.00		0.00	0	0	CLINIC	90.00	0	10,571	37.00		
38.00		0.00	0	0	EMERGENCY	91.00	0	569,289	38.00		
39.00		0.00	0	0	CONVENT	194.00	0	4	39.00		
40.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	67,761	40.00		
TOTALS				0	11,227,117	TOTALS				0	11,227,117
D - IMPLANTS											
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,243,198	ADMINISTRATIVE & GENERAL	5.00	0	161	1.00		
2.00	CT SCAN	57.00	0	648	OPERATION OF PLANT	7.00	0	58	2.00		
3.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	66	3.00		
4.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	45,914	4.00		
5.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	319,255	5.00		

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/24/2017 6:24 pm

Increases					Decreases						
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00			
6.00	0.00	0			0 INTENSIVE CARE UNIT	31.00	0	43,789	6.00		
7.00	0.00	0			0 SUBPROVIDER - I RF	41.00	0	131	7.00		
8.00	0.00	0			0 NURSERY	43.00	0	266	8.00		
9.00	0.00	0			0 SKILLED NURSING FACILITY	44.00	0	3,807	9.00		
10.00	0.00	0			0 OPERATING ROOM	50.00	0	4,287,550	10.00		
11.00	0.00	0			0 RECOVERY ROOM	51.00	0	1,403	11.00		
12.00	0.00	0			0 DELIVERY ROOM & LABOR ROOM	52.00	0	93,504	12.00		
13.00	0.00	0			0 ANESTHESIOLOGY	53.00	0	25,566	13.00		
14.00	0.00	0			0 RADIOLOGY-DIAGNOSTIC	54.00	0	21,222	14.00		
15.00	0.00	0			0 OUTPATIENT ONCOLOGY	54.01	0	2,638	15.00		
17.00	0.00	0			0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	6,271	17.00		
18.00	0.00	0			0 CARDIAC CATHETERIZATION	59.00	0	275,035	18.00		
19.00	0.00	0			0 PHYSICAL THERAPY	66.00	0	35	19.00		
20.00	0.00	0			0 OCCUPATIONAL THERAPY	67.00	0	8	20.00		
21.00	0.00	0			0 ELECTROCARDIOLOGY	69.00	0	280	21.00		
22.00	0.00	0			0 RENAL DIALYSIS	74.00	0	57	22.00		
23.00	0.00	0			0 CLINIC	90.00	0	50	23.00		
24.00	0.00	0			0 EMERGENCY	91.00	0	107,205	24.00		
25.00	0.00	0			0 SUBPROVIDER - I PF	40.00	0	9,575	25.00		
TOTALS				0	5,243,846	TOTALS				0	5,243,846
E - BUILDING INSURANCE											
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	195,177	ADMINISTRATIVE & GENERAL	5.00	0	195,177	1.00		
TOTALS				0	195,177	TOTALS				0	195,177
F - MORTGAGE INTEREST											
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,312,482	INTEREST EXPENSE	113.00	0	5,312,482	1.00		
TOTALS				0	5,312,482	TOTALS				0	5,312,482
G - DEPRECIATION1											
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,294,220	ADMINISTRATIVE & GENERAL	5.00	0	4,240,425	1.00		
2.00	DIETARY	10.00	0	221	OPERATION OF PLANT	7.00	0	18,978	2.00		
4.00		0.00	0		NURSING ADMINISTRATION	13.00	0	5,820	4.00		
5.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	0	84,228	5.00		
6.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	119,458	6.00		
7.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	101,228	7.00		
8.00		0.00	0		SUBPROVIDER - I RF	41.00	0	5,976	8.00		
9.00		0.00	0		NURSERY	43.00	0	1,134	9.00		
10.00		0.00	0		OPERATING ROOM	50.00	0	539,747	10.00		
11.00		0.00	0		RECOVERY ROOM	51.00	0	58,850	11.00		
12.00		0.00	0		DELIVERY ROOM & LABOR ROOM	52.00	0	19,485	12.00		
13.00		0.00	0		ANESTHESIOLOGY	53.00	0	15,907	13.00		
14.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	311,221	14.00		
15.00		0.00	0		OUTPATIENT ONCOLOGY	54.01	0	114,271	15.00		
16.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	113,732	16.00		
17.00		0.00	0		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	192,701	17.00		
18.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	13,905	18.00		
19.00		0.00	0		LABORATORY	60.00	0	98,202	19.00		
20.00		0.00	0		BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	2,067	20.00		
21.00		0.00	0		RESPIRATORY THERAPY	65.00	0	33,571	21.00		
22.00		0.00	0		PHYSICAL THERAPY	66.00	0	11,420	22.00		
23.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	826	23.00		
24.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	124,091	24.00		
25.00		0.00	0		ELECTROENCEPHALOGRAPHY	70.00	0	8,361	25.00		
26.00		0.00	0		RENAL DIALYSIS	74.00	0	1,701	26.00		
27.00		0.00	0		CARDIAC REHABILITATION	76.97	0	299	27.00		
28.00		0.00	0		CLINIC	90.00	0	21,667	28.00		
29.00		0.00	0		EMERGENCY	91.00	0	34,373	29.00		
30.00		0.00	0		OUTPATIENT PHARMACY	194.01	0	797	30.00		
TOTALS				0	6,294,441	TOTALS				0	6,294,441
H - DEPRECIATION2											
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,067,413	ADMINISTRATIVE & GENERAL	5.00	0	7,773,195	1.00		
2.00		0.00	0		OPERATION OF PLANT	7.00	0	1,048,007	2.00		
3.00		0.00	0		HOUSEKEEPING	9.00	0	2,763	3.00		

Provider CCN: 14-0180

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/24/2017 6:24 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
4.00		0.00	0		0 DIETARY	10.00	0	8,632	4.00
5.00		0.00	0		0 CAFETERIA	11.00	0	827	5.00
6.00		0.00	0		0 NURSING ADMINISTRATION	13.00	0	143,062	6.00
7.00		0.00	0		0 CENTRAL SERVICES & SUPPLY	14.00	0	511	7.00
8.00		0.00	0		0 PHARMACY	15.00	0	26,993	8.00
9.00		0.00	0		0 MEDICAL RECORDS & LIBRARY	16.00	0	7,311	9.00
10.00		0.00	0		0 SOCIAL SERVICE	17.00	0	939	10.00
11.00		0.00	0		0 I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	869	11.00
12.00		0.00	0		0 ADULTS & PEDIATRICS	30.00	0	10,286	12.00
13.00		0.00	0		0 SKILLED NURSING FACILITY	44.00	0	10,507	13.00
14.00		0.00	0		0 OPERATING ROOM	50.00	0	649	14.00
15.00		0.00	0		0 DELIVERY ROOM & LABOR ROOM	52.00	0	106	15.00
16.00		0.00	0		0 OUTPATIENT ONCOLOGY	54.01	0	5,106	16.00
17.00		0.00	0		0 CT SCAN	57.00	0	2,197	17.00
18.00		0.00	0		0 CARDIAC CATHETERIZATION	59.00	0	80	18.00
19.00		0.00	0		0 PHYSICAL THERAPY	66.00	0	808	19.00
20.00		0.00	0		0 ELECTROCARDIOLOGY	69.00	0	1,595	20.00
21.00		0.00	0		0 CARDIAC REHABILITATION	76.97	0	1,316	21.00
22.00		0.00	0		0 CLINIC	90.00	0	3,585	22.00
23.00		0.00	0		0 EMERGENCY	91.00	0	80	23.00
24.00		0.00	0		0 CONVENT	194.00	0	117	24.00
25.00		0.00	0		0 SUBPROVIDER - I PF	40.00	0	17,872	25.00
	TOTALS		0	9,067,413	TOTALS		0	9,067,413	
I - PHONE									
1.00	OPERATION OF PLANT	7.00	0	285,287	ADMINISTRATIVE & GENERAL	5.00	0	282,969	1.00
2.00		0.00	0		0 DIETARY	10.00	0	545	2.00
3.00		0.00	0		0 OUTPATIENT ONCOLOGY	54.01	0	445	3.00
4.00		0.00	0		0 ELECTROENCEPHALOGRAPHY	70.00	0	1,240	4.00
5.00		0.00	0		0 EMERGENCY	91.00	0	88	5.00
	TOTALS		0	285,287	TOTALS		0	285,287	
J - CAFETERIA									
1.00	CAFETERIA	11.00	848,632	1,187,067	DIETARY	10.00	848,632	1,187,067	1.00
	TOTALS		848,632	1,187,067	TOTALS		848,632	1,187,067	
K - INTERNS RESIDENTS									
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,146,533		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,146,533	0	1.00
	TOTALS		2,146,533		TOTALS		2,146,533	0	
L - CONVENT MAINT									
1.00	CONVENT	194.00	22,677	47,445	OPERATION OF PLANT	7.00	22,677	47,445	1.00
	TOTALS		22,677	47,445	TOTALS		22,677	47,445	
500.00	Grand Total: Increases		3,017,842	76,300,980	Grand Total: Decreases		3,017,842	76,300,980	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0180

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/24/2017 6:24 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,370,865	0	0	0	1.00
2.00	Land Improvements	478,314	3,362,964	0	3,362,964	2.00
3.00	Buildings and Fixtures	125,222,320	18,273,911	0	18,273,911	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	75,191,172	16,573,850	0	16,573,850	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	206,262,671	38,210,725	0	38,210,725	8.00
9.00	Reconciling Items	0	10,028,391	0	10,028,391	9.00
10.00	Total (line 8 minus line 9)	206,262,671	28,182,334	0	28,182,334	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,370,865	0			1.00
2.00	Land Improvements	1,166,039	0			2.00
3.00	Buildings and Fixtures	126,323,282	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	88,008,342	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	220,868,528	0			8.00
9.00	Reconciling Items	73,883	0			9.00
10.00	Total (line 8 minus line 9)	220,794,645	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0180

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/24/2017 6:24 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet A-7 Part III Date/Time Prepared: 5/24/2017 6:24 pm
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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	132,860,185	0	132,860,185	0.601535	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	88,008,343	0	88,008,343	0.398465	0	2.00
3.00	Total (sum of lines 1-2)	220,868,528	0	220,868,528	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	7,116,334	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,624,691	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,741,025	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	5,312,482	195,177	0	0	12,623,993	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,624,691	2.00
3.00	Total (sum of lines 1-2)	5,312,482	195,177	0	0	21,248,684	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0180

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

Worksheet A-8

Date/Time Prepared:  
5/24/2017 6:24 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center		Line #	
				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00	Investment income - other (chapter 2)			0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0		0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)			0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)			0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0		0.00	0 7.00
8.00	Television and radio service (chapter 21)			0		0.00	0 8.00
9.00	Parking lot (chapter 21)			0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-12,562,274				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	1,249,900				0 12.00
13.00	Laundry and linen service			0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-1,106,220	CAFETERIA		11.00	0 14.00
15.00	Rental of quarters to employee and others			0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients			0		0.00	0 16.00
17.00	Sale of drugs to other than patients			0		0.00	0 17.00
18.00	Sale of medical records and abstracts	B	-9,506	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00	Nursing school (tuition, fees, books, etc.)			0		0.00	0 19.00
20.00	Vending machines	B	-16,378	CAFETERIA		11.00	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	UTILIZATION REVIEW-SNF	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	MISC REV OFFSET	B	-390	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00
34.00	MISC REV OFFSET	B	-954,743	ADMINISTRATIVE & GENERAL		5.00	0 34.00
36.00	MISC REV OFFSET	B	-80	OPERATION OF PLANT		7.00	0 36.00
37.00	MISC REV OFFSET	B	-20	INTENSIVE CARE UNIT		31.00	0 37.00

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		4.00
38.00	MISC REV OFFSET	B	-143,856	OPERATING ROOM	50.00	0	38.00
39.00	MISC REV OFFSET	B	-995	RADIOLOGY-DIAGNOSTIC	54.00	0	39.00
41.00	MISC REV OFFSET	B	356	OUTPATIENT ONCOLOGY	54.01	0	41.00
43.00	MISC REV OFFSET	B	-593	LABORATORY	60.00	0	43.00
44.00	MISC REV OFFSET	B	-126,240	MENTAL HEALTH OUTPATIENT	76.00	0	44.00
45.00	MISC REV OFFSET	B	-4,531	CARDIAC REHABILITATION	76.97	0	45.00
46.00	MISC REV OFFSET	B	-58,257	CLINIC	90.00	0	46.00
47.00	COST OFFSET	A	-223,436	ADMINISTRATIVE & GENERAL	5.00	0	47.00
48.00	OFFSET ALCOHOL EXPENSE	A	-476	ADMINISTRATIVE & GENERAL	5.00	0	48.00
48.01			0		0.00	0	48.01
48.02			0		0.00	0	48.02
48.03			0		0.00	0	48.03
48.04			0		0.00	0	48.04
48.05			0		0.00	0	48.05
48.06			0		0.00	0	48.06
48.07			0		0.00	0	48.07
48.08			0		0.00	0	48.08
48.09			0		0.00	0	48.09
48.10			0		0.00	0	48.10
48.11			0		0.00	0	48.11
48.12			0		0.00	0	48.12
48.13			0		0.00	0	48.13
48.14			0		0.00	0	48.14
48.15			0		0.00	0	48.15
48.16			0		0.00	0	48.16
48.17			0		0.00	0	48.17
48.18			0		0.00	0	48.18
48.19			0		0.00	0	48.19
48.20			0		0.00	0	48.20
48.21			0		0.00	0	48.21
48.22			0		0.00	0	48.22
48.23			0		0.00	0	48.23
48.24			0		0.00	0	48.24
48.25			0		0.00	0	48.25
48.26			0		0.00	0	48.26
48.27			0		0.00	0	48.27
48.28			0		0.00	0	48.28
48.29			0		0.00	0	48.29
48.30			0		0.00	0	48.30
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,957,667				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: 14-0180

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

Worksheet A-8-1

Date/Time Prepared:  
5/24/2017 6:24 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	822,114	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	-442,722	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	1,710,082	0
3.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	26,820,676	30,301,094
3.02	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	286,987	0
3.03	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	1,380,371	0
3.04	31.00	INTENSIVE CARE UNIT	HOME OFFICE	718,141	0
4.00	60.00	LABORATORY	ALVERNO	9,082,601	8,827,256
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			40,378,250	39,128,350

\* 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	RESURRECTION HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/24/2017 6:24 pm
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	822,114	9		1.00
2.00	-442,722	9		2.00
3.00	1,710,082	0		3.00
3.01	-3,480,418	0		3.01
3.02	286,987	0		3.02
3.03	1,380,371	0		3.03
3.04	718,141	0		3.04
4.00	255,345	0		4.00
5.00	1,249,900			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>		

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

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

6.00	SOLE CORPORATE MEMBER		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0180

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

Worksheet A-8-2

Date/Time Prepared:  
5/24/2017 6:25 pm

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00		3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	4,479,335	4,452,520	26,815	211,500	512	1.00
2.00	31.00	INTENSIVE CARE UNIT	565,708	565,708	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	1,667	1,667	0	0	0	3.00
4.00	43.00	NURSERY	252,000	252,000	0	0	0	4.00
5.00	50.00	OPERATING ROOM	561,512	561,512	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	1,063,418	1,063,418	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	714,853	714,853	0	0	0	7.00
8.00	54.01	OUTPATIENT ONCOLOGY	13,469	13,469	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	159,656	159,656	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	507,942	507,942	0	0	0	10.00
11.00	90.00	CLINIC	292,525	292,525	0	0	0	11.00
12.00	91.00	EMERGENCY	2,980,257	2,980,257	0	0	0	12.00
13.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	499,132	499,132	0	0	0	13.00
14.00	40.00	SUBPROVIDER - IPF	497,615	497,615	0	0	0	14.00
200.00			12,589,089	12,562,274	26,815		512	200.00
1.00	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00		8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	52,062	2,603	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.01	OUTPATIENT ONCOLOGY	0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
13.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	13.00
14.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	14.00
200.00			52,062	2,603	0	0	0	200.00
1.00	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
1.00	2.00		15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	52,062	0	4,452,520		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	565,708		2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	1,667		3.00
4.00	43.00	NURSERY	0	0	0	252,000		4.00
5.00	50.00	OPERATING ROOM	0	0	0	561,512		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,063,418		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	714,853		7.00
8.00	54.01	OUTPATIENT ONCOLOGY	0	0	0	13,469		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	159,656		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	507,942		10.00
11.00	90.00	CLINIC	0	0	0	292,525		11.00
12.00	91.00	EMERGENCY	0	0	0	2,980,257		12.00
13.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	499,132		13.00
14.00	40.00	SUBPROVIDER - IPF	0	0	0	497,615		14.00
200.00			0	52,062	0	12,562,274		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2017 6:25 pm

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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,623,993	12,623,993			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,624,691		8,624,691		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	23,384,843	87,678	59,902	23,532,423	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	73,657,070	753,900	515,063	2,753,156	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	10,273,849	1,540,319	1,052,343	587,547	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	941,771	52,990	36,203	41,712	8.00
9.00 00900	HOUSEKEEPING	2,957,033	159,388	108,893	454,710	9.00
10.00 01000	DIETARY	2,796,971	316,429	216,184	282,015	10.00
11.00 01100	CAFETERIA	919,261	47,327	32,334	206,747	11.00
13.00 01300	NURSING ADMINISTRATION	2,259,274	242,588	165,736	500,727	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	332,385	237,795	162,461	0	14.00
15.00 01500	PHARMACY	4,636,901	85,761	58,592	982,436	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,031,195	148,956	101,767	70,841	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,146,533	0	0	519,178	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,437,556	27,334	18,675	593,151	22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	75,037	0	0	18,092	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	16,202,752	1,367,371	934,186	3,735,961	30.00
31.00 03100	INTENSIVE CARE UNIT	4,477,770	127,147	86,867	1,004,522	31.00
40.00 04000	SUBPROVIDER - I PF	16,719,441	1,077,948	736,452	2,610,905	40.00
41.00 04100	SUBPROVIDER - I RF	935,125	104,480	71,381	218,463	41.00
43.00 04300	NURSERY	788,411	23,348	15,951	183,967	43.00
44.00 04400	SKILLED NURSING FACILITY	2,999,889	117,232	80,093	664,745	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	7,872,615	672,491	459,445	1,511,646	50.00
51.00 05100	RECOVERY ROOM	888,923	44,073	30,110	211,323	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,004,414	308,394	210,694	1,186,822	52.00
53.00 05300	ANESTHESIOLOGY	181,430	6,483	4,430	30,100	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,707,618	265,444	181,351	841,029	54.00
54.01 03190	OUTPATIENT ONCOLOGY	1,969,162	2,851	1,948	246,671	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	376,390	16,272	11,117	51,087	55.00
57.00 05700	CT SCAN	590,401	27,195	18,580	142,786	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	510,260	10,015	6,842	78,300	58.00
59.00 05900	CARDIAC CATHETERIZATION	514,442	69,262	47,320	117,319	59.00
60.00 06000	LABORATORY	9,918,867	237,770	162,444	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	10,559	0	0	2,554	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	26,366	19,741	13,487	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,592,553	14,279	9,755	363,978	65.00
66.00 06600	PHYSICAL THERAPY	2,522,557	112,729	77,016	599,961	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,068,411	12,134	8,290	255,364	67.00
68.00 06800	SPEECH PATHOLOGY	224,556	0	0	54,004	68.00
69.00 06900	ELECTROCARDIOLOGY	972,529	99,762	68,157	215,372	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	211,905	27,044	18,476	48,430	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,211,124	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,243,198	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	15,398,097	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	591,248	7,657	5,231	121,274	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03550	MENTAL HEALTH OUTPATIENT	3,262,425	152,248	104,016	0	76.00
76.97 07697	CARDIAC REHABILITATION	154,169	44,514	30,412	37,691	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	1,386,495	331,099	226,206	294,768	90.00
91.00 09100	EMERGENCY	7,541,391	2,001,708	1,367,561	1,687,584	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	275,173,856	11,001,156	7,515,971	23,526,938	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	8,615	5,886	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	200	1,499,273	1,024,301	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	CONVENT	70,124	104,593	71,458	5,485	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2017 6:25 pm

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	
194.01 07951 OUTPATIENT PHARMACY	437,427	6,900	4,714	0	449,041	194.01
194.02 07952 FUND DEVELOPMENT	0	3,456	2,361	0	5,817	194.02
194.03 07953 NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	275,681,607	12,623,993	8,624,691	23,532,423	275,681,607	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/24/2017 6:25 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	77,679,189				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	5,278,215	0	18,732,273		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	420,826	0	96,917	1,590,419	8.00
9.00	00900	HOUSEKEEPING	1,443,725	0	291,512	80,131	5,495,392
10.00	01000	DIETARY	1,416,881	0	578,733	0	173,375
11.00	01100	CAFETERIA	473,001	0	86,558	0	25,931
13.00	01300	NURSING ADMINISTRATION	1,242,978	0	443,681	0	132,917
14.00	01400	CENTRAL SERVICES & SUPPLY	287,425	0	434,915	2,509	130,290
15.00	01500	PHARMACY	2,261,176	0	156,853	0	46,989
16.00	01600	MEDICAL RECORDS & LIBRARY	923,020	0	272,433	0	81,615
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,045,796	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,599,353	0	49,993	0	14,977
23.00	02300	PARAMED ED PRGM-PHARMACY	36,536	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	8,725,238	0	2,500,852	481,215	749,198
31.00	03100	INTENSIVE CARE UNIT	2,234,741	0	232,545	52,094	69,665
40.00	04000	SUBPROVIDER - IPF	8,295,380	0	1,971,512	213,184	590,620
41.00	04100	SUBPROVIDER - IRF	521,561	0	191,088	0	57,246
43.00	04300	NURSERY	396,895	0	42,702	0	12,793
44.00	04400	SKILLED NURSING FACILITY	1,515,101	0	214,412	59,701	64,233
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,125,651	0	1,229,952	187,064	368,465
51.00	05100	RECOVERY ROOM	460,745	0	80,606	31,480	24,148
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,240,240	0	564,037	17,609	168,973
53.00	05300	ANESTHESIOLOGY	87,268	0	11,858	0	3,552
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,959,782	0	485,484	114,503	145,440
54.01	03190	OUTPATIENT ONCOLOGY	871,185	0	5,214	3,424	1,562
55.00	05500	RADIOLOGY-THERAPEUTIC	178,450	0	29,760	0	8,915
57.00	05700	CT SCAN	305,598	0	49,739	0	14,901
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	237,514	0	18,318	0	5,488
59.00	05900	CARDIAC CATHETERIZATION	293,585	0	126,677	6,065	37,950
60.00	06000	LABORATORY	4,048,320	0	434,869	0	130,277
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	5,144	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,380	0	36,104	0	10,816
65.00	06500	RESPIRATORY THERAPY	777,003	0	26,115	0	7,824
66.00	06600	PHYSICAL THERAPY	1,299,447	0	206,176	41,461	61,766
67.00	06700	OCCUPATIONAL THERAPY	527,348	0	22,193	0	6,649
68.00	06800	SPEECH PATHOLOGY	109,283	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	531,907	0	182,460	18,734	54,661
70.00	07000	ELECTROENCEPHALOGRAPHY	119,991	0	49,462	0	14,818
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,398,281	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,056,980	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,040,889	0	0	0	0
74.00	07400	RENAL DIALYSIS	284,588	0	14,003	5,701	4,195
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03550	MENTAL HEALTH OUTPATIENT	1,380,431	0	278,454	0	83,418
76.97	07697	CARDIAC REHABILITATION	104,664	0	81,414	357	24,390
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	878,222	0	605,563	6,809	181,413
91.00	09100	EMERGENCY	4,942,467	0	3,661,021	265,658	1,096,752
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	76,406,211	0	15,764,185	1,587,699	4,606,222
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	5,689	0	15,757	0	4,720
192.00	19200	PHYSICIANS' PRIVATE OFFICES	990,112	0	2,742,095	2,720	821,468
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	CONVENT	98,730	0	191,296	0	57,308
194.01	07951	OUTPATIENT PHARMACY	176,165	0	12,619	0	3,780
194.02	07952	FUND DEVELOPMENT	2,282	0	6,321	0	1,894
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0180			Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/24/2017 6:25 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
202.00	TOTAL (sum lines 118-201)	77,679,189	0	18,732,273	1,590,419	5,495,392	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/24/2017 6:25 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY	5,780,588				10.00	
11.00	01100	CAFETERIA	0	1,791,159			11.00	
13.00	01300	NURSING ADMINISTRATION	0	46,697	5,034,598		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,587,780	14.00	
15.00	01500	PHARMACY	0	91,620	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,606	5,290	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	48,417	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	55,316	0	0	22.00	
23.00	02300	PARAMED PRGM-PHARMACY	0	1,687	0	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,353,005	348,414	1,645,719	291,938	1,529,439	30.00
31.00	03100	INTENSIVE CARE UNIT	229,306	93,679	395,670	44,583	233,639	31.00
40.00	04000	SUBPROVIDER - IPF	2,381,151	243,486	793,746	189,929	995,328	40.00
41.00	04100	SUBPROVIDER - IRF	148,475	20,373	86,758	12,372	64,834	41.00
43.00	04300	NURSERY	210,524	17,156	97,687	15,634	81,928	43.00
44.00	04400	SKILLED NURSING FACILITY	458,127	61,992	156,342	16,721	87,624	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	140,972	395,072	97,184	509,297	50.00
51.00	05100	RECOVERY ROOM	0	19,707	96,274	19,834	103,943	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	110,680	418,559	52,768	276,534	52.00
53.00	05300	ANESTHESIOLOGY	0	2,807	0	20,332	106,550	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	78,432	5,499	27,561	144,437	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	23,004	58,324	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,764	0	1,118	5,859	55.00
57.00	05700	CT SCAN	0	13,316	154	35,899	188,128	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,302	0	10,763	56,405	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,941	37,570	22,707	118,997	59.00
60.00	06000	LABORATORY	0	0	0	168,103	880,947	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	238	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,215	48,290	63.00
65.00	06500	RESPIRATORY THERAPY	0	33,944	0	41,327	216,576	65.00
66.00	06600	PHYSICAL THERAPY	0	55,951	0	20,799	108,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,815	0	14,739	77,240	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,036	47	2,619	13,725	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,085	9,899	37,307	195,510	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,516	3,579	616	3,226	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71,358	373,954	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,925	167,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	255,588	1,339,417	73.00
74.00	07400	RENAL DIALYSIS	0	11,310	48,042	10,054	52,687	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	10	51	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,515	4,463	189	988	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	27,489	34,779	23	119	90.00
91.00	09100	EMERGENCY	0	157,380	741,125	64,565	338,356	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,780,588	1,790,647	5,034,598	1,587,780	8,320,328	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	512	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2017 6:25 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,780,588	1,791,159	5,034,598	1,587,780	8,320,328	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2017 6:25 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						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	3,641,723					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
20.00 02000 NURSING SCHOOL	0	0	0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0		3,759,924		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			5,796,355	22.00
23.00 02300 PARAMED ED PRGM-PHARMACY	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1,482,374	0	0	3,167,793	4,883,516	30.00
31.00 03100 INTENSIVE CARE UNIT	144,461	0	0	308,708	475,909	31.00
40.00 04000 SUBPROVIDER - I PF	1,500,106	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	93,538	0	0	0	0	41.00
43.00 04300 NURSERY	132,628	0	0	283,423	436,930	43.00
44.00 04400 SKILLED NURSING FACILITY	288,616	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	3,641,723	0	0	3,759,924	5,796,355	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 CONVENT	0	0	0	0	0	194.00
194.01 07951 OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02 07952 FUND DEVELOPMENT	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2017 6:25 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
194.03	07953	NURSING EDUC BLD UNUSED SPACE	16.00	17.00	20.00	21.00	22.00	
			0	0	0	0	0	0
200.00		Cross Foot Adjustments						0
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	3,641,723	0	0	3,759,924	5,796,355	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/24/2017 6:25 pm
Cost Center Description			PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.00	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED PRGM-PHARMACY	131,352			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	0	50,398,971	-8,051,309	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,211,306	-784,617	31.00
40.00	04000	SUBPROVIDER - I PF	0	38,319,188	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,525,694	0	41.00
43.00	04300	NURSERY	0	2,739,977	-720,353	43.00
44.00	04400	SKILLED NURSING FACILITY	0	6,784,828	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	17,569,854	0	50.00
51.00	05100	RECOVERY ROOM	0	2,011,166	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,559,724	0	52.00
53.00	05300	ANESTHESIOLOGY	0	454,810	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,956,580	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	3,183,345	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	683,732	0	55.00
57.00	05700	CT SCAN	0	1,386,697	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	941,207	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,402,835	0	59.00
60.00	06000	LABORATORY	0	15,981,597	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	18,495	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	187,399	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,083,354	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,106,861	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,016,183	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	409,270	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,406,383	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	502,063	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,054,717	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,499,405	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	131,352	23,165,343	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,155,990	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	5,261,053	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	486,766	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	3,972,985	0	90.00
91.00	09100	EMERGENCY	0	23,865,568	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	131,352	267,303,346	-9,556,279	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	40,667	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,080,169	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	CONVENT	0	599,506	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	641,605	0	194.01
194.02	07952	FUND DEVELOPMENT	0	16,314	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

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

Worksheet B  
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Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	131,352	275,681,607	-9,556,279	266,125,328	202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0180

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

Worksheet Non-CMS Wo  
Date/Time Prepared:  
5/24/2017 6:25 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	3	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	4	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	5	PATIENT DAYS	10.00
11.00	CAFETERIA	S	GROSS SALARIES	11.00
13.00	NURSING ADMINISTRATION	7	NURSING HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	I	INPATIENT REVENUE	14.00
15.00	PHARMACY	I	INPATIENT REVENUE	15.00
16.00	MEDICAL RECORDS & LIBRARY	5	PATIENT DAYS	16.00
17.00	SOCIAL SERVICE	99	DAYS	17.00
20.00	NURSING SCHOOL	9	PATIENT DAYS	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	10	PATIENT DAYS	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	10	PATIENT DAYS	22.00
23.00	PARAMEDICAL PRGM-PHARMACY	18	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 6:25 pm
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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				2.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	120	87,678	59,902	147,700	147,700	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	85,686	753,900	515,063	1,354,649	17,279	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	10,834	1,540,319	1,052,343	2,603,496	3,688	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	200	52,990	36,203	89,393	262	8.00
9.00 00900	HOUSEKEEPING	126	159,388	108,893	268,407	2,854	9.00
10.00 01000	DIETARY	8,760	316,429	216,184	541,373	1,770	10.00
11.00 01100	CAFETERIA	0	47,327	32,334	79,661	1,298	11.00
13.00 01300	NURSING ADMINISTRATION	12,444	242,588	165,736	420,768	3,143	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	81,593	237,795	162,461	481,849	0	14.00
15.00 01500	PHARMACY	78,295	85,761	58,592	222,648	6,166	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	16,947	148,956	101,767	267,670	445	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	3,258	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	320	27,334	18,675	46,329	3,723	22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	114	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	28,072	1,367,371	934,186	2,329,629	23,453	30.00
31.00 03100	INTENSIVE CARE UNIT	4,207	127,147	86,867	218,221	6,305	31.00
40.00 04000	SUBPROVIDER - IPF	44,054	1,077,948	736,452	1,858,454	16,386	40.00
41.00 04100	SUBPROVIDER - IRF	6,292	104,480	71,381	182,153	1,371	41.00
43.00 04300	NURSERY	763	23,348	15,951	40,062	1,155	43.00
44.00 04400	SKILLED NURSING FACILITY	4,569	117,232	80,093	201,894	4,172	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	538,030	672,491	459,445	1,669,966	9,487	50.00
51.00 05100	RECOVERY ROOM	78	44,073	30,110	74,261	1,326	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,753	308,394	210,694	521,841	7,449	52.00
53.00 05300	ANESTHESIOLOGY	300	6,483	4,430	11,213	189	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	46,996	265,444	181,351	493,791	5,278	54.00
54.01 03190	OUTPATIENT ONCOLOGY	23,279	2,851	1,948	28,078	1,548	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	16,272	11,117	27,389	321	55.00
57.00 05700	CT SCAN	0	27,195	18,580	45,775	896	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,015	6,842	16,857	491	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,841	69,262	47,320	118,423	736	59.00
60.00 06000	LABORATORY	13,111	237,770	162,444	413,325	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	16	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	920	19,741	13,487	34,148	0	63.00
65.00 06500	RESPIRATORY THERAPY	73,763	14,279	9,755	97,797	2,284	65.00
66.00 06600	PHYSICAL THERAPY	4,735	112,729	77,016	194,480	3,765	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,324	12,134	8,290	22,748	1,603	67.00
68.00 06800	SPEECH PATHOLOGY	63	0	0	63	339	68.00
69.00 06900	ELECTROCARDIOLOGY	12,303	99,762	68,157	180,222	1,352	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	17,020	27,044	18,476	62,540	304	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	147	7,657	5,231	13,035	761	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03550	MENTAL HEALTH OUTPATIENT	0	152,248	104,016	256,264	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	44,514	30,412	74,926	237	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	24,098	331,099	226,206	581,403	1,850	90.00
91.00 09100	EMERGENCY	18,656	2,001,708	1,367,561	3,387,925	10,592	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE						113.00
114.00 11400	UTILIZATION REVIEW-SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,163,699	11,001,156	7,515,971	19,680,826	147,666	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	8,615	5,886	14,501	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,499,273	1,024,301	2,523,574	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950	CONVENT	0	104,593	71,458	176,051	34	194.00
194.01 07951	OUTPATIENT PHARMACY	0	6,900	4,714	11,614	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2017 6:25 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.02 07952  FUND DEVELOPMENT	0	3,456	2,361	5,817		0 194.02
194.03 07953  NURSING EDUC BLD UNUSED SPACE	0	0	0	0		0 194.03
200.00  Cross Foot Adjustments				0		0 200.00
201.00  Negative Cost Centers				0		0 201.00
202.00  TOTAL (sum lines 118-201)	1,163,699	12,623,993	8,624,691	22,412,383	147,700	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 6:25 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,371,928				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	93,223	0	2,700,407		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,433	0	13,971	111,059	8.00
9.00	00900	HOUSEKEEPING	25,499	0	42,024	5,596	344,380
10.00	01000	DIETARY	25,025	0	83,429	0	10,865
11.00	01100	CAFETERIA	8,354	0	12,478	0	1,625
13.00	01300	NURSING ADMINISTRATION	21,953	0	63,960	0	8,329
14.00	01400	CENTRAL SERVICES & SUPPLY	5,076	0	62,696	175	8,165
15.00	01500	PHARMACY	39,937	0	22,612	0	2,945
16.00	01600	MEDICAL RECORDS & LIBRARY	16,302	0	39,273	0	5,115
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	18,471	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	28,248	0	7,207	0	939
23.00	02300	PARAMED ED PRGM-PHARMACY	645	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	154,073	0	360,518	33,602	46,950
31.00	03100	INTENSIVE CARE UNIT	39,470	0	33,523	3,638	4,366
40.00	04000	SUBPROVIDER - IPF	146,512	0	284,209	14,887	37,012
41.00	04100	SUBPROVIDER - IRF	9,212	0	27,547	0	3,587
43.00	04300	NURSEY	7,010	0	6,156	0	802
44.00	04400	SKILLED NURSING FACILITY	26,760	0	30,909	4,169	4,025
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	72,867	0	177,307	13,063	23,091
51.00	05100	RECOVERY ROOM	8,138	0	11,620	2,198	1,513
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,567	0	81,311	1,230	10,589
53.00	05300	ANESTHESIOLOGY	1,541	0	1,709	0	223
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,613	0	69,986	7,996	9,114
54.01	03190	OUTPATIENT ONCOLOGY	15,387	0	752	239	98
55.00	05500	RADIOLOGY-THERAPEUTIC	3,152	0	4,290	0	559
57.00	05700	CT SCAN	5,397	0	7,170	0	934
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,195	0	2,641	0	344
59.00	05900	CARDIAC CATHETERIZATION	5,185	0	18,262	424	2,378
60.00	06000	LABORATORY	71,501	0	62,690	0	8,164
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	91	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	413	0	5,205	0	678
65.00	06500	RESPIRATORY THERAPY	13,723	0	3,765	0	490
66.00	06600	PHYSICAL THERAPY	22,951	0	29,722	2,895	3,871
67.00	06700	OCCUPATIONAL THERAPY	9,314	0	3,199	0	417
68.00	06800	SPEECH PATHOLOGY	1,930	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	9,394	0	26,303	1,308	3,425
70.00	07000	ELECTROENCEPHALOGRAPHY	2,119	0	7,130	0	929
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,682	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,330	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	106,693	0	0	0	0
74.00	07400	RENAL DIALYSIS	5,026	0	2,019	398	263
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03550	MENTAL HEALTH OUTPATIENT	24,381	0	40,141	0	5,228
76.97	07697	CARDIAC REHABILITATION	1,849	0	11,736	25	1,528
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	15,511	0	87,297	475	11,369
91.00	09100	EMERGENCY	87,293	0	527,767	18,551	68,728
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW-SNF					
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,349,446	0	2,272,534	110,869	288,658
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	100	0	2,271	0	296
192.00	19200	PHYSICIANS' PRIVATE OFFICES	17,487	0	395,295	190	51,479
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	CONVENT	1,744	0	27,577	0	3,591
194.01	07951	OUTPATIENT PHARMACY	3,111	0	1,819	0	237
194.02	07952	FUND DEVELOPMENT	40	0	911	0	119
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0180			Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 6:25 pm
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
202.00	TOTAL (sum lines 118-201)	1,371,928	0	2,700,407	111,059	344,380

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 6:25 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	662,462					10.00
11.00	01100	0	103,416				11.00
13.00	01300	0	2,695	520,848			13.00
14.00	01400	0	0	0	557,961		14.00
15.00	01500	0	5,289	0	0	299,597	15.00
16.00	01600	0	381	547	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	2,795	0	0	0	21.00
22.00	02200	0	3,193	0	0	0	22.00
23.00	02300	0	97	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	269,657	20,136	170,256	102,703	54,787	30.00
31.00	03100	26,279	5,407	40,934	15,663	8,423	31.00
40.00	04000	272,883	14,055	82,116	66,727	35,881	40.00
41.00	04100	17,015	1,176	8,975	4,346	2,337	41.00
43.00	04300	24,126	990	10,106	5,492	2,954	43.00
44.00	04400	52,502	3,578	16,174	5,874	3,159	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	8,137	40,872	34,143	18,360	50.00
51.00	05100	0	1,138	9,960	6,968	3,747	51.00
52.00	05200	0	6,389	43,301	18,539	9,969	52.00
53.00	05300	0	162	0	7,143	3,841	53.00
54.00	05400	0	4,527	569	9,683	5,207	54.00
54.01	03190	0	1,328	6,034	0	0	54.01
55.00	05500	0	275	0	393	211	55.00
57.00	05700	0	769	16	12,612	6,782	57.00
58.00	05800	0	421	0	3,781	2,033	58.00
59.00	05900	0	632	3,887	7,978	4,290	59.00
60.00	06000	0	0	0	59,059	31,758	60.00
62.30	06250	0	14	0	0	0	62.30
63.00	06300	0	0	0	3,237	1,741	63.00
65.00	06500	0	1,959	0	14,519	7,808	65.00
66.00	06600	0	3,230	0	7,307	3,929	66.00
67.00	06700	0	1,375	0	5,178	2,784	67.00
68.00	06800	0	291	5	920	495	68.00
69.00	06900	0	1,159	1,024	13,107	7,048	69.00
70.00	07000	0	261	370	216	116	70.00
71.00	07100	0	0	0	25,070	13,481	71.00
72.00	07200	0	0	0	11,216	6,031	72.00
73.00	07300	0	0	0	89,795	48,286	73.00
74.00	07400	0	653	4,970	3,532	1,899	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03550	0	0	0	3	2	76.00
76.97	07697	0	203	462	66	36	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	1,587	3,598	8	4	90.00
91.00	09100	0	9,084	76,672	22,683	12,198	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
114.00	11400	0	0	0	0	0	114.00
118.00		662,462	103,386	520,848	557,961	299,597	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	30	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00							200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0180			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 6:25 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	662,462	103,416	520,848	557,961	299,597		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2017 6:25 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					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	329,733				16.00
17.00 01700	SOCIAL SERVICE	0	0			17.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		24,524	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	0	0			23.00
22.00 02200						89,639
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	134,219	0			30.00
31.00 03100	INTENSIVE CARE UNIT	13,080	0			31.00
40.00 04000	SUBPROVIDER - I PF	135,824	0			40.00
41.00 04100	SUBPROVIDER - I RF	8,469	0			41.00
43.00 04300	NURSERY	12,009	0			43.00
44.00 04400	SKILLED NURSING FACILITY	26,132	0			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0			50.00
51.00 05100	RECOVERY ROOM	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00 05300	ANESTHESIOLOGY	0	0			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01 03190	OUTPATIENT ONCOLOGY	0	0			54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00 05700	CT SCAN	0	0			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00 06000	LABORATORY	0	0			60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0			62.30
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
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00 07400	RENAL DIALYSIS	0	0			74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0			75.00
76.00 03550	MENTAL HEALTH OUTPATIENT	0	0			76.00
76.97 07697	CARDIAC REHABILITATION	0	0			76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0			76.98
76.99 07699	LITHOTRI PSY	0	0			76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0			90.00
91.00 09100	EMERGENCY	0	0			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	329,733	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
193.00 19300	NONPAID WORKERS	0	0			193.00
194.00 07950	CONVENT	0	0			194.00
194.01 07951	OUTPATIENT PHARMACY	0	0			194.01
194.02 07952	FUND DEVELOPMENT	0	0			194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2017 6:25 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
194.03	07953	NURSING EDUC BLD UNUSED SPACE	16.00	17.00	20.00	21.00	22.00	194.03
200.00		Cross Foot Adjustments	0	0	0	24,524	89,639	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	329,733	0	0	24,524	89,639	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 6:25 pm
Cost Center Description	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	23.00	24.00	25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	856				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS		3,699,983	0	3,699,983	30.00
31.00 03100	INTENSIVE CARE UNIT		415,309	0	415,309	31.00
40.00 04000	SUBPROVIDER - I PF		2,964,946	0	2,964,946	40.00
41.00 04100	SUBPROVIDER - I RF		266,188	0	266,188	41.00
43.00 04300	NURSERY		110,862	0	110,862	43.00
44.00 04400	SKILLED NURSING FACILITY		379,348	0	379,348	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM		2,067,293	0	2,067,293	50.00
51.00 05100	RECOVERY ROOM		120,869	0	120,869	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		740,185	0	740,185	52.00
53.00 05300	ANESTHESIOLOGY		26,021	0	26,021	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		640,764	0	640,764	54.00
54.01 03190	OUTPATIENT ONCOLOGY		53,464	0	53,464	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC		36,590	0	36,590	55.00
57.00 05700	CT SCAN		80,351	0	80,351	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		30,763	0	30,763	58.00
59.00 05900	CARDIAC CATHETERIZATION		162,195	0	162,195	59.00
60.00 06000	LABORATORY		646,497	0	646,497	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS		121	0	121	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		45,422	0	45,422	63.00
65.00 06500	RESPIRATORY THERAPY		142,345	0	142,345	65.00
66.00 06600	PHYSICAL THERAPY		272,150	0	272,150	66.00
67.00 06700	OCCUPATIONAL THERAPY		46,618	0	46,618	67.00
68.00 06800	SPEECH PATHOLOGY		4,043	0	4,043	68.00
69.00 06900	ELECTROCARDIOLOGY		244,342	0	244,342	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY		73,985	0	73,985	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT		116,233	0	116,233	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		53,577	0	53,577	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		244,774	0	244,774	73.00
74.00 07400	RENAL DIALYSIS		32,556	0	32,556	74.00
75.00 07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00 03550	MENTAL HEALTH OUTPATIENT		326,019	0	326,019	76.00
76.97 07697	CARDIAC REHABILITATION		91,068	0	91,068	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99 07699	LITHOTRIPSY		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC		703,102	0	703,102	90.00
91.00 09100	EMERGENCY		4,221,493	0	4,221,493	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	19,059,476	0	19,059,476	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN		17,168	0	17,168	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES		2,988,025	0	2,988,025	192.00
193.00 19300	NONPAID WORKERS		0	0	0	193.00
194.00 07950	CONVENT		209,027	0	209,027	194.00
194.01 07951	OUTPATIENT PHARMACY		16,781	0	16,781	194.01
194.02 07952	FUND DEVELOPMENT		6,887	0	6,887	194.02

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 6:25 pm	
Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.03	07953	NURSING EDUC BLD UNUSED SPACE		0	0	0		194.03
200.00		Cross Foot Adjustments	856	115,019	0	115,019		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	856	22,412,383	0	22,412,383		202.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet B-1 Date/Time Prepared: 5/24/2017 6:25 pm
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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	5A	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,000,810				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		1,000,810			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,951	6,951	97,294,678		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	59,768	59,768	11,382,886	-77,679,189	198,002,418
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	122,114	122,114	2,429,205	0	13,454,058
8.00 00800	LAUNDRY & LINEN SERVICE	4,201	4,201	172,459	0	1,072,676
9.00 00900	HOUSEKEEPING	12,636	12,636	1,879,991	0	3,680,024
10.00 01000	DIETARY	25,086	25,086	1,165,987	0	3,611,599
11.00 01100	CAFETERIA	3,752	3,752	854,792	0	1,205,669
13.00 01300	NURSING ADMINISTRATION	19,232	19,232	2,070,249	0	3,168,325
14.00 01400	CENTRAL SERVICES & SUPPLY	18,852	18,852	0	0	732,641
15.00 01500	PHARMACY	6,799	6,799	4,061,869	0	5,763,690
16.00 01600	MEDICAL RECORDS & LIBRARY	11,809	11,809	292,893	11,809	2,352,759
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,146,533	0	2,665,711
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,167	2,167	2,452,374	0	4,076,716
23.00 02300	PARAMED ED PRGM-PHARMACY	0	0	74,801	0	93,129
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	108,403	108,403	15,446,475	0	22,240,270
31.00 03100	INTENSIVE CARE UNIT	10,080	10,080	4,153,182	0	5,696,306
40.00 04000	SUBPROVIDER - I PF	85,458	85,458	10,794,753	0	21,144,746
41.00 04100	SUBPROVIDER - I RF	8,283	8,283	903,234	0	1,329,449
43.00 04300	NURSERY	1,851	1,851	760,608	0	1,011,677
44.00 04400	SKILLED NURSING FACILITY	9,294	9,294	2,748,381	0	3,861,959
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	53,314	53,314	6,249,879	0	10,516,197
51.00 05100	RECOVERY ROOM	3,494	3,494	873,712	0	1,174,429
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,449	24,449	4,906,901	0	5,710,324
53.00 05300	ANESTHESIOLOGY	514	514	124,447	0	222,443
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,044	21,044	3,477,224	0	4,995,442
54.01 03190	OUTPATIENT ONCOLOGY	226	226	1,019,859	0	2,220,632
55.00 05500	RADIOLOGY-THERAPEUTIC	1,290	1,290	211,217	0	454,866
57.00 05700	CT SCAN	2,156	2,156	590,348	0	778,962
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	794	794	323,732	0	605,417
59.00 05900	CARDIAC CATHETERIZATION	5,491	5,491	485,055	0	748,343
60.00 06000	LABORATORY	18,850	18,850	0	0	10,319,081
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	10,559	0	13,113
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,565	1,565	0	0	59,594
65.00 06500	RESPIRATORY THERAPY	1,132	1,132	1,504,861	0	1,980,565
66.00 06600	PHYSICAL THERAPY	8,937	8,937	2,480,530	0	3,312,263
67.00 06700	OCCUPATIONAL THERAPY	962	962	1,055,799	0	1,344,199
68.00 06800	SPEECH PATHOLOGY	0	0	223,277	0	278,560
69.00 06900	ELECTROCARDIOLOGY	7,909	7,909	890,452	0	1,355,820
70.00 07000	ELECTROENCEPHALOGRAPHY	2,144	2,144	200,233	0	305,855
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	11,211,124
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,243,198
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,398,097
74.00 07400	RENAL DIALYSIS	607	607	501,405	0	725,410
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03550	MENTAL HEALTH OUTPATIENT	12,070	12,070	0	0	3,518,689
76.97 07697	CARDIAC REHABILITATION	3,529	3,529	155,833	0	266,786
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIpsy	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	26,249	26,249	1,218,714	0	2,238,568
91.00 09100	EMERGENCY	158,692	158,692	6,977,292	0	12,598,244
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVENUE-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	872,154	872,154	97,272,001	-77,679,189	194,757,625
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	683	683	0	0	14,501
192.00 19200	PHYSICIANS' PRIVATE OFFICES	118,860	118,860	0	0	2,523,774
193.00 19300	NONPAID WORKERS	0	0	0	0	0
194.00 07950	CONVENT	8,292	8,292	22,677	0	251,660

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2017 6:25 pm

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				
194.01 07951 OUTPATIENT PHARMACY	547	547	0	0	449,041	194.01
194.02 07952 FUND DEVELOPMENT	274	274	0	0	5,817	194.02
194.03 07953 NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	12,623,993	8,624,691	23,532,423		77,679,189	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.613776	8.617711	0.241868		0.392314	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			147,700		1,371,928	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001518		0.006929	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:  
5/24/2017 6:25 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	811,977			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,201	1,559,659		8.00
9.00	00900	HOUSEKEEPING	0	12,636	78,581	795,140	9.00
10.00	01000	DIETARY	0	25,086	0	25,086	107,416
11.00	01100	CAFETERIA	0	3,752	0	3,752	0
13.00	01300	NURSING ADMINISTRATION	0	19,232	0	19,232	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,852	2,460	18,852	0
15.00	01500	PHARMACY	0	6,799	0	6,799	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,809	0	11,809	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,167	0	2,167	0
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	108,403	471,910	108,403	43,724
31.00	03100	INTENSIVE CARE UNIT	0	10,080	51,086	10,080	4,261
40.00	04000	SUBPROVIDER - I PF	0	85,458	209,061	85,458	44,247
41.00	04100	SUBPROVIDER - I RF	0	8,283	0	8,283	2,759
43.00	04300	NURSERY	0	1,851	0	1,851	3,912
44.00	04400	SKILLED NURSING FACILITY	0	9,294	58,546	9,294	8,513
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	53,314	183,446	53,314	0
51.00	05100	RECOVERY ROOM	0	3,494	30,871	3,494	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,449	17,268	24,449	0
53.00	05300	ANESTHESIOLOGY	0	514	0	514	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,044	112,288	21,044	0
54.01	03190	OUTPATIENT ONCOLOGY	0	226	3,358	226	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,290	0	1,290	0
57.00	05700	CT SCAN	0	2,156	0	2,156	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	794	0	794	0
59.00	05900	CARDIAC CATHETERIZATION	0	5,491	5,948	5,491	0
60.00	06000	LABORATORY	0	18,850	0	18,850	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,565	0	1,565	0
65.00	06500	RESPIRATORY THERAPY	0	1,132	0	1,132	0
66.00	06600	PHYSICAL THERAPY	0	8,937	40,659	8,937	0
67.00	06700	OCCUPATIONAL THERAPY	0	962	0	962	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	7,909	18,372	7,909	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,144	0	2,144	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	607	5,591	607	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03550	MENTAL HEALTH OUTPATIENT	0	12,070	0	12,070	0
76.97	07697	CARDIAC REHABILITATION	0	3,529	350	3,529	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	26,249	6,677	26,249	0
91.00	09100	EMERGENCY	0	158,692	260,520	158,692	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	683,321	1,556,992	666,484	107,416
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	683	0	683	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	118,860	2,667	118,860	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	CONVENT	0	8,292	0	8,292	0
194.01	07951	OUTPATIENT PHARMACY	0	547	0	547	0
194.02	07952	FUND DEVELOPMENT	0	274	0	274	0
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:  
5/24/2017 6:25 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	18,732,273	1,590,419	5,495,392	5,780,588	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	23.069955	1.019722	6.911226	53.814962	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	2,700,407	111,059	344,380	662,462	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	3.325719	0.071207	0.433106	6.167256	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2017 6:25 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (INPATIENT REVENUE)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	79,409,358					11.00
13.00	01300	2,070,249	1,827,428				13.00
14.00	01400			751,752,742			14.00
15.00	01500	4,061,869			751,752,742		15.00
16.00	01600	292,893	1,920			107,416	16.00
17.00	01700						17.00
20.00	02000						20.00
21.00	02100	2,146,533					21.00
22.00	02200	2,452,374					22.00
23.00	02300	74,801					23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	15,446,475	597,353	138,192,290	138,192,290	43,724	30.00
31.00	03100	4,153,182	143,618	21,109,404	21,109,404	4,261	31.00
40.00	04000	10,794,753	288,109	89,928,436	89,928,436	44,247	40.00
41.00	04100	903,234	31,491	5,857,806	5,857,806	2,759	41.00
43.00	04300	760,608	35,458	7,402,261	7,402,261	3,912	43.00
44.00	04400	2,748,381	56,748	7,916,910	7,916,910	8,513	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	6,249,879	143,401	46,015,227	46,015,227		50.00
51.00	05100	873,712	34,945	9,391,283	9,391,283		51.00
52.00	05200	4,906,901	151,926	24,984,957	24,984,957		52.00
53.00	05300	124,447		9,626,879	9,626,879		53.00
54.00	05400	3,477,224	1,996	13,049,946	13,049,946		54.00
54.01	03190	1,019,859	21,170				54.01
55.00	05500	211,217		529,368	529,368		55.00
57.00	05700	590,348	56	16,997,488	16,997,488		57.00
58.00	05800	323,732		5,096,191	5,096,191		58.00
59.00	05900	485,055	13,637	10,751,486	10,751,486		59.00
60.00	06000			79,594,058	79,594,058		60.00
62.30	06250	10,559					62.30
63.00	06300			4,363,012	4,363,012		63.00
65.00	06500	1,504,861		19,567,739	19,567,739		65.00
66.00	06600	2,480,530		9,848,018	9,848,018		66.00
67.00	06700	1,055,799		6,978,684	6,978,684		67.00
68.00	06800	223,277	17	1,240,075	1,240,075		68.00
69.00	06900	890,452	3,593	17,664,398	17,664,398		69.00
70.00	07000	200,233	1,299	291,431	291,431		70.00
71.00	07100			33,786,938	33,786,938		71.00
72.00	07200			15,115,825	15,115,825		72.00
73.00	07300			121,017,046	121,017,046		73.00
74.00	07400	501,405	17,438	4,760,307	4,760,307		74.00
75.00	07500						75.00
76.00	03550			4,623	4,623		76.00
76.97	07697	155,833	1,620	89,252	89,252		76.97
76.98	07698						76.98
76.99	07699						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	1,218,714	12,624	10,771	10,771		90.00
91.00	09100	6,977,292	269,009	30,570,633	30,570,633		91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
114.00	11400						114.00
118.00		79,386,681	1,827,428	751,752,742	751,752,742	107,416	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000						190.00
192.00	19200						192.00
193.00	19300						193.00
194.00	07950	22,677					194.00
194.01	07951						194.01
194.02	07952						194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:  
5/24/2017 6:25 pm

Cost Center Description			CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HO URS)	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (INPATIENT REVENUE)	MEDICAL RECORDS & LIBRARY (PATIENT DA YS)	
			11.00	13.00	14.00	15.00	16.00	
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,791,159	5,034,598	1,587,780	8,320,328	3,641,723	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.022556	2.755019	0.002112	0.011068	33.902985	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	103,416	520,848	557,961	299,597	329,733	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001302	0.285017	0.000742	0.000399	3.069682	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2017 6:25 pm

Cost Center Description	SOCIAL SERVICE (DAYS)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
			17.00	20.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	0				17.00
20.00 02000	NURSING SCHOOL	0	0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0		51,897		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			51,897	22.00
23.00 02300	PARAMED PRGM-PHARMACY	0				100 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	43,724	43,724	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	4,261	4,261	0 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00 04300	NURSERY	0	0	3,912	3,912	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01 03190	OUTPATIENT ONCOLOGY	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03550	MENTAL HEALTH OUTPATIENT	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	LITHOTRIpsy	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	0	0	0	0	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	51,897	51,897	100 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00 07950	CONVENT	0	0	0	0	0 194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:  
5/24/2017 6:25 pm

Cost Center Description	SOCIAL SERVICE (DAYS)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES APPRV (PATIENT DA YS)	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DA YS)		
			17.00	20.00		
194.01 07951 OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02 07952 FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03 07953 NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	3,759,924	5,796,355	131,352	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	72.449737	111.689597	1,313.520000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	24,524	89,639	856	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.472551	1.727248	8.560000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:25 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		42,347,662	0	42,347,662
31.00	03100 INTENSIVE CARE UNIT		9,426,689	0	9,426,689
40.00	04000 SUBPROVIDER - I/PF		38,319,188	0	38,319,188
41.00	04100 SUBPROVIDER - I/RF		2,525,694	0	2,525,694
43.00	04300 NURSERY		2,019,624	0	2,019,624
44.00	04400 SKILLED NURSING FACILITY		6,784,828	0	6,784,828
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		17,569,854	0	17,569,854
51.00	05100 RECOVERY ROOM		2,011,166	0	2,011,166
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,559,724	0	9,559,724
53.00	05300 ANESTHESIOLOGY		454,810	0	454,810
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,956,580	0	7,956,580
54.01	03190 OUTPATIENT ONCOLOGY		3,183,345	0	3,183,345
55.00	05500 RADIOLOGY-THERAPEUTIC		683,732	0	683,732
57.00	05700 CT SCAN		1,386,697	0	1,386,697
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		941,207	0	941,207
59.00	05900 CARDIAC CATHETERIZATION		1,402,835	0	1,402,835
60.00	06000 LABORATORY		15,981,597	0	15,981,597
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		18,495	0	18,495
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		187,399	0	187,399
65.00	06500 RESPIRATORY THERAPY	0	3,083,354	0	3,083,354
66.00	06600 PHYSICAL THERAPY	0	5,106,861	0	5,106,861
67.00	06700 OCCUPATIONAL THERAPY	0	2,016,183	0	2,016,183
68.00	06800 SPEECH PATHOLOGY	0	409,270	0	409,270
69.00	06900 ELECTROCARDIOLOGY		2,406,383	0	2,406,383
70.00	07000 ELECTROENCEPHALOGRAPHY		502,063	0	502,063
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		16,054,717	0	16,054,717
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,499,405	0	7,499,405
73.00	07300 DRUGS CHARGED TO PATIENTS		23,165,343	0	23,165,343
74.00	07400 RENAL DIALYSIS		1,155,990	0	1,155,990
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
76.00	03550 MENTAL HEALTH OUTPATIENT		5,261,053	0	5,261,053
76.97	07697 CARDIAC REHABILITATION		486,766	0	486,766
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC		3,972,985	0	3,972,985
91.00	09100 EMERGENCY		23,865,568	0	23,865,568
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,501,016	0	4,501,016
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				
114.00	11400 UTILIZATION REVIEW-SNF				
200.00	Subtotal (see instructions)		262,248,083	0	262,248,083
201.00	Less Observation Beds		4,501,016	0	4,501,016
202.00	Total (see instructions)		257,747,067	0	257,747,067

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 6:25 pm		
			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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	136,068,459		136,068,459				30.00
31.00	03100	INTENSIVE CARE UNIT	21,109,404		21,109,404				31.00
40.00	04000	SUBPROVIDER - IPF	89,928,436		89,928,436				40.00
41.00	04100	SUBPROVIDER - IRF	5,857,806		5,857,806				41.00
43.00	04300	NURSERY	7,402,261		7,402,261				43.00
44.00	04400	SKILLED NURSING FACILITY	7,916,910		7,916,910				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	46,015,227	61,989,774	108,005,001	0.162676	0.000000		50.00
51.00	05100	RECOVERY ROOM	9,391,283	10,156,007	19,547,290	0.102887	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,984,957	2,278,493	27,263,450	0.350642	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	9,626,879	11,663,891	21,290,770	0.021362	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,049,946	49,279,403	62,329,349	0.127654	0.000000		54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	4,815,413	4,815,413	0.661074	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	529,368	5,054,653	5,584,021	0.122444	0.000000		55.00
57.00	05700	CT SCAN	16,997,488	31,466,393	48,463,881	0.028613	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,096,191	13,796,482	18,892,673	0.049819	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	10,751,486	5,072,018	15,823,504	0.088655	0.000000		59.00
60.00	06000	LABORATORY	79,594,058	50,006,791	129,600,849	0.123314	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	32,712	32,712	0.565389	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,363,012	649,448	5,012,460	0.037387	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	19,567,739	2,647,405	22,215,144	0.138795	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	9,848,018	12,485,080	22,333,098	0.228668	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	6,978,684	3,702,052	10,680,736	0.188768	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,240,075	102,139	1,342,214	0.304922	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	17,664,398	20,527,139	38,191,537	0.063008	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	291,431	553,356	844,787	0.594307	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,786,938	11,572,169	45,359,107	0.353947	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,115,825	7,233,212	22,349,037	0.335558	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,017,046	111,220,429	232,237,475	0.099749	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,760,307	393,839	5,154,146	0.224284	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	4,623	9,116,706	9,121,329	0.576786	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	89,252	277,262	366,514	1.328097	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	10,771	3,946,931	3,957,702	1.003862	0.000000		90.00
91.00	09100	EMERGENCY	30,570,633	83,290,084	113,860,717	0.209603	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,123,831	17,759,487	19,883,318	0.226371	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
200.00		Subtotal (see instructions)	751,752,742	531,088,768	1,282,841,510				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	751,752,742	531,088,768	1,282,841,510				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:25 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.162676		50.00
51.00	05100 RECOVERY ROOM	0.102887		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.350642		52.00
53.00	05300 ANESTHESIOLOGY	0.021362		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.127654		54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.661074		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122444		55.00
57.00	05700 CT SCAN	0.028613		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.049819		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.088655		59.00
60.00	06000 LABORATORY	0.123314		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.565389		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.037387		63.00
65.00	06500 RESPIRATORY THERAPY	0.138795		65.00
66.00	06600 PHYSICAL THERAPY	0.228668		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.188768		67.00
68.00	06800 SPEECH PATHOLOGY	0.304922		68.00
69.00	06900 ELECTROCARDIOLOGY	0.063008		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.594307		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.353947		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.335558		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.099749		73.00
74.00	07400 RENAL DIALYSIS	0.224284		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0.576786		76.00
76.97	07697 CARDIAC REHABILITATION	1.328097		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1.003862		90.00
91.00	09100 EMERGENCY	0.209603		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.226371		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
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: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:25 pm
			Title XIX	Hospital	Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Dissallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		42,347,662	0	42,347,662
31.00	03100 INTENSIVE CARE UNIT		9,426,689	0	9,426,689
40.00	04000 SUBPROVIDER - I/PF		38,319,188	0	38,319,188
41.00	04100 SUBPROVIDER - I/RF		2,525,694	0	2,525,694
43.00	04300 NURSERY		2,019,624	0	2,019,624
44.00	04400 SKILLED NURSING FACILITY		6,784,828	0	6,784,828
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		17,569,854	0	17,569,854
51.00	05100 RECOVERY ROOM		2,011,166	0	2,011,166
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,559,724	0	9,559,724
53.00	05300 ANESTHESIOLOGY		454,810	0	454,810
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,956,580	0	7,956,580
54.01	03190 OUTPATIENT ONCOLOGY		3,183,345	0	3,183,345
55.00	05500 RADIOLOGY-THERAPEUTIC		683,732	0	683,732
57.00	05700 CT SCAN		1,386,697	0	1,386,697
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		941,207	0	941,207
59.00	05900 CARDIAC CATHETERIZATION		1,402,835	0	1,402,835
60.00	06000 LABORATORY		15,981,597	0	15,981,597
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		18,495	0	18,495
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		187,399	0	187,399
65.00	06500 RESPIRATORY THERAPY	0	3,083,354	0	3,083,354
66.00	06600 PHYSICAL THERAPY	0	5,106,861	0	5,106,861
67.00	06700 OCCUPATIONAL THERAPY	0	2,016,183	0	2,016,183
68.00	06800 SPEECH PATHOLOGY	0	409,270	0	409,270
69.00	06900 ELECTROCARDIOLOGY		2,406,383	0	2,406,383
70.00	07000 ELECTROENCEPHALOGRAPHY		502,063	0	502,063
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		16,054,717	0	16,054,717
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,499,405	0	7,499,405
73.00	07300 DRUGS CHARGED TO PATIENTS		23,165,343	0	23,165,343
74.00	07400 RENAL DIALYSIS		1,155,990	0	1,155,990
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
76.00	03550 MENTAL HEALTH OUTPATIENT		5,261,053	0	5,261,053
76.97	07697 CARDIAC REHABILITATION		486,766	0	486,766
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC		3,972,985	0	3,972,985
91.00	09100 EMERGENCY		23,865,568	0	23,865,568
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,501,016	0	4,501,016
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				
114.00	11400 UTILIZATION REVIEW-SNF				
200.00	Subtotal (see instructions)		262,248,083	0	262,248,083
201.00	Less Observation Beds		4,501,016	0	4,501,016
202.00	Total (see instructions)		257,747,067	0	257,747,067

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 6:25 pm	
			Title XIX		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	136,068,459		136,068,459			30.00
31.00	03100	INTENSIVE CARE UNIT	21,109,404		21,109,404			31.00
40.00	04000	SUBPROVIDER - IPF	89,928,436		89,928,436			40.00
41.00	04100	SUBPROVIDER - IRF	5,857,806		5,857,806			41.00
43.00	04300	NURSERY	7,402,261		7,402,261			43.00
44.00	04400	SKILLED NURSING FACILITY	7,916,910		7,916,910			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	46,015,227	61,989,774	108,005,001	0.162676	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,391,283	10,156,007	19,547,290	0.102887	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,984,957	2,278,493	27,263,450	0.350642	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	9,626,879	11,663,891	21,290,770	0.021362	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,049,946	49,279,403	62,329,349	0.127654	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	4,815,413	4,815,413	0.661074	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	529,368	5,054,653	5,584,021	0.122444	0.000000	55.00
57.00	05700	CT SCAN	16,997,488	31,466,393	48,463,881	0.028613	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,096,191	13,796,482	18,892,673	0.049819	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,751,486	5,072,018	15,823,504	0.088655	0.000000	59.00
60.00	06000	LABORATORY	79,594,058	50,006,791	129,600,849	0.123314	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	32,712	32,712	0.565389	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,363,012	649,448	5,012,460	0.037387	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	19,567,739	2,647,405	22,215,144	0.138795	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,848,018	12,485,080	22,333,098	0.228668	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,978,684	3,702,052	10,680,736	0.188768	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,240,075	102,139	1,342,214	0.304922	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,664,398	20,527,139	38,191,537	0.063008	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	291,431	553,356	844,787	0.594307	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,786,938	11,572,169	45,359,107	0.353947	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,115,825	7,233,212	22,349,037	0.335558	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,017,046	111,220,429	232,237,475	0.099749	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,760,307	393,839	5,154,146	0.224284	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	4,623	9,116,706	9,121,329	0.576786	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	89,252	277,262	366,514	1.328097	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	10,771	3,946,931	3,957,702	1.003862	0.000000	90.00
91.00	09100	EMERGENCY	30,570,633	83,290,084	113,860,717	0.209603	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,123,831	17,759,487	19,883,318	0.226371	0.000000	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	751,752,742	531,088,768	1,282,841,510			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	751,752,742	531,088,768	1,282,841,510			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:25 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
54.01	03190	OUTPATIENT ONCOLOGY	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
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: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/24/2017 6:25 pm
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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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,699,983	0	3,699,983	48,924	75.63	30.00
31.00	INTENSIVE CARE UNIT	415,309		415,309	4,261	97.47	31.00
40.00	SUBPROVIDER - IPF	2,964,946	0	2,964,946	44,247	67.01	40.00
41.00	SUBPROVIDER - IRF	266,188	0	266,188	2,759	96.48	41.00
43.00	NURSERY	110,862		110,862	3,912	28.34	43.00
44.00	SKILLED NURSING FACILITY	379,348		379,348	8,513	44.56	44.00
200.00	Total (lines 30-199)	7,836,636		7,836,636	112,616		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	22,174	1,677,020				
31.00	INTENSIVE CARE UNIT	892	86,943				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	1,038	100,146				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	6,335	282,288				
200.00	Total (lines 30-199)	30,439	2,146,397				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 6:25 pm
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Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,067,293	108,005,001	0.019141	13,986,419	267,714	50.00
51.00	05100	RECOVERY ROOM	120,869	19,547,290	0.006183	2,614,522	16,166	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	740,185	27,263,450	0.027149	43,674	1,186	52.00
53.00	05300	ANESTHESIOLOGY	26,021	21,290,770	0.001222	2,719,776	3,324	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	640,764	62,329,349	0.010280	4,152,768	42,690	54.00
54.01	03190	OUTPATIENT ONCOLOGY	53,464	4,815,413	0.011103	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	36,590	5,584,021	0.006553	310,828	2,037	55.00
57.00	05700	CT SCAN	80,351	48,463,881	0.001658	5,614,420	9,309	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	30,763	18,892,673	0.001628	1,572,318	2,560	58.00
59.00	05900	CARDIAC CATHETERIZATION	162,195	15,823,504	0.010250	3,910,065	40,078	59.00
60.00	06000	LABORATORY	646,497	129,600,849	0.004988	23,646,208	117,947	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	121	32,712	0.003699	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	45,422	5,012,460	0.009062	1,060,330	9,609	63.00
65.00	06500	RESPIRATORY THERAPY	142,345	22,215,144	0.006408	6,612,302	42,372	65.00
66.00	06600	PHYSICAL THERAPY	272,150	22,333,098	0.012186	1,357,284	16,540	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,618	10,680,736	0.004365	661,856	2,889	67.00
68.00	06800	SPEECH PATHOLOGY	4,043	1,342,214	0.003012	338,442	1,019	68.00
69.00	06900	ELECTROCARDIOLOGY	244,342	38,191,537	0.006398	6,298,564	40,298	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	73,985	844,787	0.087578	87,996	7,707	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	116,233	45,359,107	0.002563	10,482,855	26,868	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	53,577	22,349,037	0.002397	4,671,623	11,198	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	244,774	232,237,475	0.001054	34,087,111	35,928	73.00
74.00	07400	RENAL DIALYSIS	32,556	5,154,146	0.006316	1,626,514	10,273	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	326,019	9,121,329	0.035742	3,307	118	76.00
76.97	07697	CARDIAC REHABILITATION	91,068	366,514	0.248471	33,708	8,375	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	703,102	3,957,702	0.177654	547	97	90.00
91.00	09100	EMERGENCY	4,221,493	113,860,717	0.037076	8,823,268	327,131	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	393,263	19,883,318	0.019779	819,315	16,205	92.00
200.00		Total (lines 50-199)	11,616,103	1,014,558,234		135,536,020	1,059,638	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/24/2017 6:25 pm
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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	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00	
43.00	04300	NURSERY	0	0	0	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00	
200.00		Total (lines 30-199)	0	0	0	0	0 200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,924	0.00	22,174	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	4,261	0.00	892	0	0 31.00	
40.00	04000	SUBPROVIDER - IPF	44,247	0.00	0	0	0 40.00	
41.00	04100	SUBPROVIDER - IRF	2,759	0.00	1,038	0	0 41.00	
43.00	04300	NURSERY	3,912	0.00	0	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	8,513	0.00	6,335	0	0 44.00	
200.00		Total (lines 30-199)	112,616		30,439	0	0 200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	41.00			
43.00	04300	NURSERY	0	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00			
200.00		Total (lines 30-199)	0	0	200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	131,352	0	131,352	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	131,352	0	131,352	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	108,005,001	0.000000	0.000000	13,986,419	50.00
51.00	05100	RECOVERY ROOM	0	19,547,290	0.000000	0.000000	2,614,522	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,263,450	0.000000	0.000000	43,674	52.00
53.00	05300	ANESTHESIOLOGY	0	21,290,770	0.000000	0.000000	2,719,776	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	62,329,349	0.000000	0.000000	4,152,768	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	4,815,413	0.000000	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,584,021	0.000000	0.000000	310,828	55.00
57.00	05700	CT SCAN	0	48,463,881	0.000000	0.000000	5,614,420	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,892,673	0.000000	0.000000	1,572,318	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,823,504	0.000000	0.000000	3,910,065	59.00
60.00	06000	LABORATORY	0	129,600,849	0.000000	0.000000	23,646,208	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	32,712	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,012,460	0.000000	0.000000	1,060,330	63.00
65.00	06500	RESPIRATORY THERAPY	0	22,215,144	0.000000	0.000000	6,612,302	65.00
66.00	06600	PHYSICAL THERAPY	0	22,333,098	0.000000	0.000000	1,357,284	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,680,736	0.000000	0.000000	661,856	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,342,214	0.000000	0.000000	338,442	68.00
69.00	06900	ELECTROCARDIOLOGY	0	38,191,537	0.000000	0.000000	6,298,564	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	844,787	0.000000	0.000000	87,996	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	45,359,107	0.000000	0.000000	10,482,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22,349,037	0.000000	0.000000	4,671,623	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	131,352	232,237,475	0.000566	0.000566	34,087,111	73.00
74.00	07400	RENAL DIALYSIS	0	5,154,146	0.000000	0.000000	1,626,514	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	9,121,329	0.000000	0.000000	3,307	76.00
76.97	07697	CARDIAC REHABILITATION	0	366,514	0.000000	0.000000	33,708	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	3,957,702	0.000000	0.000000	547	90.00
91.00	09100	EMERGENCY	0	113,860,717	0.000000	0.000000	8,823,268	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,883,318	0.000000	0.000000	819,315	92.00
200.00		Total (lines 50-199)	131,352	1,014,558,234			135,536,020	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
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Cost Center Description			Title XVIII				Hospital		PPS	
			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School			
			11.00	12.00	13.00	21.00	22.00			
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	13,650,524	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	2,042,385	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	561,280	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	2,630,708	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,214,566	0	0	0	0	54.00	
54.01	03190	OUTPATIENT ONCOLOGY	0	1,623,284	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,873,075	0	0	0	0	55.00	
57.00	05700	CT SCAN	0	6,954,219	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,921,128	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	2,214,752	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	8,154,649	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	306,618	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	421,450	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	59,261	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	34,941	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	6,927	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	5,505,454	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	94,329	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,695,431	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,133,136	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	19,293	25,365,100	14,357	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	194,260	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00	
76.00	03550	MENTAL HEALTH OUTPATIENT	0	1,907,740	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	117,130	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0	977,757	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	9,694,038	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,093,395	0	0	0	0	92.00	
200.00		Total (lines 50-199)	19,293	104,447,537	14,357	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
Title XVIII		Hospital	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
		23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.162676	13,650,524	0	0	2,220,613	50.00
51.00	05100	RECOVERY ROOM	0.102887	2,042,385	0	0	210,135	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.350642	561,280	0	0	196,808	52.00
53.00	05300	ANESTHESIOLOGY	0.021362	2,630,708	0	0	56,197	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127654	7,214,566	0	0	920,968	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.661074	1,623,284	0	6	1,073,111	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122444	1,873,075	0	0	229,347	55.00
57.00	05700	CT SCAN	0.028613	6,954,219	0	0	198,981	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049819	2,921,128	0	0	145,528	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088655	2,214,752	0	0	196,349	59.00
60.00	06000	LABORATORY	0.123314	8,154,649	206	0	1,005,582	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.565389	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.037387	306,618	0	0	11,464	63.00
65.00	06500	RESPIRATORY THERAPY	0.138795	421,450	0	0	58,495	65.00
66.00	06600	PHYSICAL THERAPY	0.228668	59,261	0	0	13,551	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.188768	34,941	0	0	6,596	67.00
68.00	06800	SPEECH PATHOLOGY	0.304922	6,927	0	0	2,112	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063008	5,505,454	0	0	346,888	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.594307	94,329	0	0	56,060	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.353947	2,695,431	0	0	954,040	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.335558	2,133,136	0	0	715,791	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.099749	25,365,100	0	191,947	2,530,143	73.00
74.00	07400	RENAL DIALYSIS	0.224284	194,260	0	0	43,569	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.576786	1,907,740	0	0	1,100,358	76.00
76.97	07697	CARDIAC REHABILITATION	1.328097	117,130	0	0	155,560	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1.003862	977,757	0	0	981,533	90.00
91.00	09100	EMERGENCY	0.209603	9,694,038	1	21	2,031,899	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.226371	5,093,395	0	0	1,152,997	92.00
200.00		Subtotal (see instructions)		104,447,537	207	191,974	16,614,675	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		104,447,537	207	191,974	16,614,675	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:25 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	4		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	25	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	19,147		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	4		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	25	19,155		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	25	19,155		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 6:25 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,067,293	108,005,001	0.019141	4,342	83	50.00
51.00	05100 RECOVERY ROOM	120,869	19,547,290	0.006183	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	740,185	27,263,450	0.027149	0	0	52.00
53.00	05300 ANESTHESIOLOGY	26,021	21,290,770	0.001222	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	640,764	62,329,349	0.010280	31,347	322	54.00
54.01	03190 OUTPATIENT ONCOLOGY	53,464	4,815,413	0.011103	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	36,590	5,584,021	0.006553	0	0	55.00
57.00	05700 CT SCAN	80,351	48,463,881	0.001658	23,162	38	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	30,763	18,892,673	0.001628	4,792	8	58.00
59.00	05900 CARDIAC CATHETERIZATION	162,195	15,823,504	0.010250	0	0	59.00
60.00	06000 LABORATORY	646,497	129,600,849	0.004988	374,615	1,869	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	121	32,712	0.003699	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	45,422	5,012,460	0.009062	4,590	42	63.00
65.00	06500 RESPIRATORY THERAPY	142,345	22,215,144	0.006408	63,728	408	65.00
66.00	06600 PHYSICAL THERAPY	272,150	22,333,098	0.012186	935,143	11,396	66.00
67.00	06700 OCCUPATIONAL THERAPY	46,618	10,680,736	0.004365	746,073	3,257	67.00
68.00	06800 SPEECH PATHOLOGY	4,043	1,342,214	0.003012	134,182	404	68.00
69.00	06900 ELECTROCARDIOLOGY	244,342	38,191,537	0.006398	26,288	168	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	73,985	844,787	0.087578	3,046	267	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	116,233	45,359,107	0.002563	143,269	367	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	53,577	22,349,037	0.002397	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	244,774	232,237,475	0.001054	654,002	689	73.00
74.00	07400 RENAL DIALYSIS	32,556	5,154,146	0.006316	58,367	369	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	326,019	9,121,329	0.035742	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	91,068	366,514	0.248471	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	703,102	3,957,702	0.177654	0	0	90.00
91.00	09100 EMERGENCY	4,221,493	113,860,717	0.037076	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	19,883,318	0.000000	0	0	92.00
200.00	Total (Lines 50-199)	11,222,840	1,014,558,234		3,206,946	19,687	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	131,352	0	131,352	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	131,352	0	131,352	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	108,005,001	0.000000	0.000000	4,342	50.00
51.00	05100 RECOVERY ROOM	0	19,547,290	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	27,263,450	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	21,290,770	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	62,329,349	0.000000	0.000000	31,347	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	4,815,413	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,584,021	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	48,463,881	0.000000	0.000000	23,162	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	18,892,673	0.000000	0.000000	4,792	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	15,823,504	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	129,600,849	0.000000	0.000000	374,615	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	32,712	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	5,012,460	0.000000	0.000000	4,590	63.00
65.00	06500 RESPIRATORY THERAPY	0	22,215,144	0.000000	0.000000	63,728	65.00
66.00	06600 PHYSICAL THERAPY	0	22,333,098	0.000000	0.000000	935,143	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	10,680,736	0.000000	0.000000	746,073	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,342,214	0.000000	0.000000	134,182	68.00
69.00	06900 ELECTROCARDIOLOGY	0	38,191,537	0.000000	0.000000	26,288	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	844,787	0.000000	0.000000	3,046	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	45,359,107	0.000000	0.000000	143,269	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	22,349,037	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	131,352	232,237,475	0.000566	0.000566	654,002	73.00
74.00	07400 RENAL DIALYSIS	0	5,154,146	0.000000	0.000000	58,367	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	9,121,329	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	366,514	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	3,957,702	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	113,860,717	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	19,883,318	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	131,352	1,014,558,234			3,206,946	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
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Title XVIII		Subprovider - IRF	PPS
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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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	7,368	0	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	5,396	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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	2,654	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	370	17,400	10	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	47	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	370	32,865	10	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:25 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.162676	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0.102887	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.350642	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.021362	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.127654	7,368	0	0	941	54.00	
54.01 03190 OUTPATIENT ONCOLOGY	0.661074	0	0	0	0	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.122444	0	0	0	0	55.00	
57.00 05700 CT SCAN	0.028613	5,396	0	0	154	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.049819	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.088655	0	0	0	0	59.00	
60.00 06000 LABORATORY	0.123314	0	0	0	0	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.565389	0	0	0	0	62.30	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.037387	0	0	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0.138795	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0.228668	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.188768	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.304922	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.063008	2,654	0	0	167	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.594307	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.353947	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.335558	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.099749	17,400	0	1,609	1,736	73.00	
74.00 07400 RENAL DIALYSIS	0.224284	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00 03550 MENTAL HEALTH OUTPATIENT	0.576786	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	1.328097	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	1.003862	47	0	0	47	90.00	
91.00 09100 EMERGENCY	0.209603	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.226371	0	0	0	0	92.00	
200.00	Subtotal (see instructions)		32,865	0	1,609	3,045	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		32,865	0	1,609	3,045	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:25 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	160	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	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 THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	160	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	160	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
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Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	Skilled Nursing Facility	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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	131,352	0	0	131,352	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	131,352	0	0	131,352	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	108,005,001	0.000000	0.000000	51,308	50.00
51.00	05100 RECOVERY ROOM	0	19,547,290	0.000000	0.000000	916	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	27,263,450	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	21,290,770	0.000000	0.000000	14,222	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	62,329,349	0.000000	0.000000	137,225	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	4,815,413	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,584,021	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	48,463,881	0.000000	0.000000	84,154	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	18,892,673	0.000000	0.000000	9,640	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	15,823,504	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	129,600,849	0.000000	0.000000	2,682,559	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	32,712	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	5,012,460	0.000000	0.000000	56,699	63.00
65.00	06500 RESPIRATORY THERAPY	0	22,215,144	0.000000	0.000000	1,832,907	65.00
66.00	06600 PHYSICAL THERAPY	0	22,333,098	0.000000	0.000000	3,102,359	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	10,680,736	0.000000	0.000000	2,662,249	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,342,214	0.000000	0.000000	157,958	68.00
69.00	06900 ELECTROCARDIOLOGY	0	38,191,537	0.000000	0.000000	74,693	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	844,787	0.000000	0.000000	614	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	45,359,107	0.000000	0.000000	1,979,162	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	22,349,037	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	131,352	232,237,475	0.000566	0.000566	6,167,614	73.00
74.00	07400 RENAL DIALYSIS	0	5,154,146	0.000000	0.000000	586,946	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	9,121,329	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	366,514	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	3,957,702	0.000000	0.000000	9,914	90.00
91.00	09100 EMERGENCY	0	113,860,717	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	19,883,318	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	131,352	1,014,558,234			19,611,139	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,491	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	3,491	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	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 THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:25 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.162676	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.102887	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.350642	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.021362	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.127654	0	0	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0.661074	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.122444	0	0	0	0	55.00
57.00 05700 CT SCAN	0.028613	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.049819	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.088655	0	0	0	0	59.00
60.00 06000 LABORATORY	0.123314	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.565389	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.037387	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.138795	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.228668	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.188768	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.304922	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.063008	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.594307	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.353947	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.335558	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.099749	0	0	1,765	0	73.00
74.00 07400 RENAL DIALYSIS	0.224284	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0.576786	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1.328097	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	1.003862	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.209603	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.226371	0	0	0	0	92.00
200.00	Subtotal (see instructions)	0	0	1,765	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	1,765	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:25 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	176	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	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 THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	176	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	176	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/24/2017 6:25 pm
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Cost Center Description			Title XIX				Hospital		Cost	
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	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0		41.00	
43.00	04300	NURSERY	0	0	0	0	0		43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0		44.00	
200.00		Total (lines 30-199)	0	0	0	0	0		200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School			
			6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	48,924	0.00	3,128	0	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	4,261	0.00	289	0	0		31.00	
40.00	04000	SUBPROVIDER - IPF	44,247	0.00	7,564	0	0		40.00	
41.00	04100	SUBPROVIDER - IRF	2,759	0.00	100	0	0		41.00	
43.00	04300	NURSERY	3,912	0.00	1,413	0	0		43.00	
44.00	04400	SKILLED NURSING FACILITY	8,513	0.00	0	0	0		44.00	
200.00		Total (lines 30-199)	112,616		12,494	0	0		200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost						
			12.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0	0						31.00
40.00	04000	SUBPROVIDER - IPF	0	0						40.00
41.00	04100	SUBPROVIDER - IRF	0	0						41.00
43.00	04300	NURSERY	0	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0	0						44.00
200.00		Total (lines 30-199)	0	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
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Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	131,352	0	131,352	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	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	LITHOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	131,352	0	131,352	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
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Cost Center Description		Title XIX				Hospital	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Cost
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	108,005,001	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	19,547,290	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	27,263,450	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	21,290,770	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	62,329,349	0.000000	0.000000	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	4,815,413	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,584,021	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	48,463,881	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	18,892,673	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	15,823,504	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	129,600,849	0.000000	0.000000	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	32,712	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	5,012,460	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	22,215,144	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	22,333,098	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	10,680,736	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,342,214	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	38,191,537	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	844,787	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	45,359,107	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	22,349,037	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	131,352	232,237,475	0.000566	0.000566	0	73.00
74.00	07400 RENAL DIALYSIS	0	5,154,146	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	9,121,329	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	366,514	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	3,957,702	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	113,860,717	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	19,883,318	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	131,352	1,014,558,234			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
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Cost Center Description			Title XIX			Hospital		Cost
			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
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: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:25 pm
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XIX	Hospital	Cost
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2017 6:25 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,924	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,924	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)		43,724	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)		22,174	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		42,347,662	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)		42,347,662	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		42,347,662	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		865.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,193,371	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)		19,193,371	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
Date/Time Prepared: 5/24/2017 6:25 pm		Title XVIII		Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
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	9,426,689	4,261	2,212.32	892	1,973,389		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)					19,757,438		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,924,198		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)					1,763,963		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,078,931		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,842,894		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					38,081,304		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)					5,200		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					865.58		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,501,016		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 6:25 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,699,983	42,347,662	0.087372	4,501,016	393,263	90.00
91.00	Nursing School cost	0	42,347,662	0.000000	4,501,016	0	91.00
92.00	Allied health cost	0	42,347,662	0.000000	4,501,016	0	92.00
93.00	All other Medical Education	0	42,347,662	0.000000	4,501,016	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			2,759 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,759 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)			2,759 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)			1,038 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			2,525,694 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)			2,525,694 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,525,694 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			915.44 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			950,227 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)			950,227 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 6:25 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					588,912		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,539,139		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					100,146		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					20,057		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					120,203		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,418,936		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 14-0180 Component CCN: 14-T180		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 6:25 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	266,188	2,525,694	0.105392	0	0	90.00
91.00	Nursing School cost	0	2,525,694	0.000000	0	0	91.00
92.00	Allied health cost	0	2,525,694	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,525,694	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,513	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,513	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)		8,513	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)		6,335	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,784,828	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,784,828	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,784,828	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-5541		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 6:25 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					6,784,828	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					797.00	71.00
72.00	Program routine service cost (line 9 x line 71)					5,048,995	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					5,048,995	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					5,048,995	83.00
84.00	Program inpatient ancillary services (see instructions)					3,338,984	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					8,387,979	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: 14-0180 Component CCN: 14-5541		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 6:25 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 6:25 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			48,924 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			48,924 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)			43,724 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			3,128 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)			3,912 15.00
16.00	Nursery days (title V or XIX only)			1,413 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			42,347,662 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)			42,347,662 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			42,347,662 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			865.58 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,707,534 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)			2,707,534 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
Title XIX		Hospital		Cost		Date/Time Prepared: 5/24/2017 6:25 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	2,019,624	3,912	516.26	1,413	729,475		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	9,426,689	4,261	2,212.32	289	639,360		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						4,076,369	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)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	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)						5,200	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						865.58	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						4,501,016	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 6:25 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,699,983	42,347,662	0.087372	4,501,016	393,263	90.00
91.00	Nursing School cost	0	42,347,662	0.000000	4,501,016	0	91.00
92.00	Allied health cost	0	42,347,662	0.000000	4,501,016	0	92.00
93.00	All other Medical Education	0	42,347,662	0.000000	4,501,016	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 6:25 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			2,759 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,759 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)			2,759 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)			100 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			3,912 15.00
16.00	Nursery days (title V or XIX only)			1,413 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			2,525,694 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)			2,525,694 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,525,694 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			915.44 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			91,544 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)			91,544 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Component CCN: 14-T180				Date/Time Prepared: 5/24/2017 6:25 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					91,544	0	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	0	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0	0	54.00
55.00 Target amount per discharge					0.00	0	55.00
56.00 Target amount (line 54 x line 55)					0	0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	0	57.00
58.00 Bonus payment (see instructions)					0	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	0	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	0	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	0	61.00
62.00 Relief payment (see instructions)					0	0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	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	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	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	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	0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0	0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	0	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 6:25 pm	
		Title XIX		Subprovider - IRF		Cost	
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	266,188	2,525,694	0.105392	0	0	90.00
91.00	Nursing School cost	0	2,525,694	0.000000	0	0	91.00
92.00	Allied health cost	0	2,525,694	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,525,694	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 6:25 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		48,466,999	30.00
31.00	03100	INTENSIVE CARE UNIT		8,002,817	31.00
40.00	04000	SUBPROVIDER - IPF		16,653,675	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.162676	13,986,419	50.00
51.00	05100	RECOVERY ROOM	0.102887	2,614,522	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.350642	43,674	52.00
53.00	05300	ANESTHESIOLOGY	0.021362	2,719,776	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127654	4,152,768	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.661074	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122444	310,828	55.00
57.00	05700	CT SCAN	0.028613	5,614,420	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049819	1,572,318	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088655	3,910,065	59.00
60.00	06000	LABORATORY	0.123314	23,646,208	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.565389	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.037387	1,060,330	63.00
65.00	06500	RESPIRATORY THERAPY	0.138795	6,612,302	65.00
66.00	06600	PHYSICAL THERAPY	0.228668	1,357,284	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.188768	661,856	67.00
68.00	06800	SPEECH PATHOLOGY	0.304922	338,442	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063008	6,298,564	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.594307	87,996	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.353947	10,482,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.335558	4,671,623	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.099749	34,087,111	73.00
74.00	07400	RENAL DIALYSIS	0.224284	1,626,514	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.576786	3,307	76.00
76.97	07697	CARDIAC REHABILITATION	1.328097	33,708	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.003862	547	90.00
91.00	09100	EMERGENCY	0.209603	8,823,268	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.226371	819,315	92.00
200.00		Total (sum of lines 50-94 and 96-98)		135,536,020	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		135,536,020	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 6:25 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		3,468	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,203,020	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.162676	4,342	50.00
51.00	05100	RECOVERY ROOM	0.102887	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.350642	0	52.00
53.00	05300	ANESTHESIOLOGY	0.021362	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127654	31,347	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.661074	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122444	0	55.00
57.00	05700	CT SCAN	0.028613	23,162	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049819	4,792	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088655	0	59.00
60.00	06000	LABORATORY	0.123314	374,615	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.565389	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.037387	4,590	63.00
65.00	06500	RESPIRATORY THERAPY	0.138795	63,728	65.00
66.00	06600	PHYSICAL THERAPY	0.228668	935,143	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.188768	746,073	67.00
68.00	06800	SPEECH PATHOLOGY	0.304922	134,182	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063008	26,288	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.594307	3,046	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.353947	143,269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.335558	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.099749	654,002	73.00
74.00	07400	RENAL DIALYSIS	0.224284	58,367	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.576786	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.328097	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.003862	0	90.00
91.00	09100	EMERGENCY	0.209603	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.226371	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,206,946	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,206,946	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 6:25 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		22,087	30.00
31.00	03100	INTENSIVE CARE UNIT		8,382	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.162676	51,308	50.00
51.00	05100	RECOVERY ROOM	0.102887	916	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.350642	0	52.00
53.00	05300	ANESTHESIOLOGY	0.021362	14,222	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127654	137,225	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.661074	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122444	0	55.00
57.00	05700	CT SCAN	0.028613	84,154	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049819	9,640	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088655	0	59.00
60.00	06000	LABORATORY	0.123314	2,682,559	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.565389	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.037387	56,699	63.00
65.00	06500	RESPIRATORY THERAPY	0.138795	1,832,907	65.00
66.00	06600	PHYSICAL THERAPY	0.228668	3,102,359	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.188768	2,662,249	67.00
68.00	06800	SPEECH PATHOLOGY	0.304922	157,958	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063008	74,693	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.594307	614	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.353947	1,979,162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.335558	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.099749	6,167,614	73.00
74.00	07400	RENAL DIALYSIS	0.224284	586,946	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.576786	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.328097	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.003862	9,914	90.00
91.00	09100	EMERGENCY	0.209603	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.226371	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		19,611,139	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		19,611,139	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	23,501,767	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	7,543,738	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)	774,323	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	10,692,629	3.00	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	210.48	4.00	
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)	40.45	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).	9.50	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)	49.95	9.00	
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	41.41	10.00	
11.00	FTE count for residents in dental and podiatric programs.	3.00	11.00	
12.00	Current year allowable FTE (see instructions)	44.41	12.00	
13.00	Total allowable FTE count for the prior year.	49.49	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.	48.38	14.00	
15.00	Sum of lines 12 through 14 divided by 3.	47.43	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	47.43	18.00	
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.225342	19.00	
20.00	Prior year resident to bed ratio (see instructions)	0.122895	20.00	
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.122895	21.00	
22.00	IME payment adjustment (see instructions)	2,014,388	22.00	
22.01	IME payment adjustment - Managed Care (see instructions)	693,791	22.01	
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00	
24.00	IME FTE Resident Count Over Cap (see instructions)	-8.54	24.00	
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00	
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00	
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00	
28.00	IME add-on adjustment amount (see instructions)	0	28.00	
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01	
29.00	Total IME payment ( sum of lines 22 and 28)	2,014,388	29.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	693,791	29.01	
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	19.92	30.00	
31.00	Percentage of Medicaid patient days (see instructions)	102.24	31.00	
32.00	Sum of lines 30 and 31	122.16	32.00	
33.00	Allowable disproportionate share percentage (see instructions)	51.18	33.00	
34.00	Disproportionate share adjustment (see instructions)	3,972,272	34.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)		0	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)		12,206,355	9,120,413 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		9,138,092	2,298,846 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		11,436,938	36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		49,243,426	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		49,937,217	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,531,109	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		1,444,671	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
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)		19,293	58.00
59.00	Total (sum of amounts on lines 49 through 58)		54,932,290	59.00
60.00	Primary payer payments		14,875	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		54,917,415	61.00
62.00	Deductibles billed to program beneficiaries		3,042,900	62.00
63.00	Coinurance billed to program beneficiaries		476,168	63.00
64.00	Allowable bad debts (see instructions)		909,608	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		591,245	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		840,276	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		51,989,592	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		213,655	70.93
70.94	HRR adjustment amount (see instructions)		-125,463	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 6:25 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			52,077,784	71.00
71.01	Sequestration adjustment (see instructions)			1,041,556	71.01
72.00	Interim payments			48,341,531	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)			2,694,697	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			330,908	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
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
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/24/2017 6:25 pm	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	19.92	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	102.24	0.00			102.24	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	122.16	0.00			102.24	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	210.48	0.00			210.48	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	51.18	0.00			73.56	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	19.92	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	13.79	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	34,758	0			34,758	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	12,054	0			12,054	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	4,754	0			4,754	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	1,492	0			1,492	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	53,058	0			53,058	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	51,897	0			51,897	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	51,897	0			51,897	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	102.24	0.00			102.24	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0180		Period: From 01/01/2016 To 12/31/2016		Worksheet DSH Date/Time Prepared: 5/24/2017 6:25 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	90.00		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		90.00		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		90.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet DSH Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	73.56		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	73.56		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	73.56		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0180

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/24/2017 6:25 pm

		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	23,501,767	0	23,501,767		23,501,767	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,543,738	0		7,543,738	7,543,738	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	774,323	0	629,615	144,708	774,323	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	10,692,629	0	0	10,692,629	10,692,629	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.122895	0.122895	0.122895	0.122895		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,014,388	0	1,524,913	489,475	2,014,388	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	693,791	0	693,791	0	693,791	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,014,388	0	1,524,913	489,475	2,014,388	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	693,791	0	693,791	0	693,791	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.5118	0.5118	0.5118	0.5118		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,972,272	0	3,007,051	965,221	3,972,272	11.00
11.01	Uncompensated care payments	36.00	11,436,938	0	9,138,092	2,298,846	11,436,938	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	49,243,426	0	37,801,438	11,441,988	49,243,426	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	49,937,217	0	38,495,229	11,441,988	49,937,217	15.00
16.00	Payment for inpatient program capital	50.00	3,531,109	0	2,667,279	863,830	3,531,109	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	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
19.00	SUBTOTAL			0	41,162,508	12,305,818	53,468,326	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0180

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/24/2017 6:25 pm

		Title XVIII			Hospital		PPS	
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,495,706	0	1,885,120	610,586	2,495,706	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	66,570	0	50,355	16,215	66,570	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	0.1075	0.1075	0.1075	0.1075		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	268,288	0	202,650	65,638	268,288	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.2807	0.2807	0.2807	0.2807		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	700,545	0	529,154	171,391	700,545	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,531,109	0	2,667,279	863,830	3,531,109	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.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0180

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/24/2017 6:25 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,501,767	23,501,767		23,501,767	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,543,738		7,543,738	7,543,738	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	774,323	629,615	144,708	774,323	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,692,629	0	10,692,629	10,692,629	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.122895	0.122895	0.122895		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,014,388	1,524,913	489,475	2,014,388	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	693,791	0	693,791	693,791	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,014,388	1,524,913	489,475	2,014,388	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	693,791	0	693,791	693,791	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.5118	0.5118	0.5118		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,972,272	3,007,051	965,221	3,972,272	11.00
11.01	Uncompensated care payments	36.00	11,436,938	9,138,092	2,298,846	11,436,938	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	49,243,426	37,801,438	11,441,988	49,243,426	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	49,937,217	37,801,438	12,135,779	49,937,217	15.00
16.00	Payment for inpatient program capital	50.00	3,531,109	2,667,279	863,830	3,531,109	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	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	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			40,468,717	12,999,609	53,468,326	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,495,706	1,885,120	610,586	2,495,706	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	66,570	50,355	16,215	66,570	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	0.1075	0.1075	0.1075		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	268,288	202,650	65,638	268,288	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.2807	0.2807	0.2807		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	700,545	529,154	171,391	700,545	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,531,109	2,667,279	863,830	3,531,109	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	213,655	145,954	67,701	213,655	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	-125,463	-108,111	-17,352	-125,463	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: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		19,180	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,600,318	2.00
3.00	PPS payments		14,314,466	3.00
4.00	Outlier payment (see instructions)		70,499	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		14,357	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,180	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		192,181	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)		192,181	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		192,181	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		173,001	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)		19,180	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)		14,399,322	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,923,900	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		11,494,602	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		471,506	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		11,966,108	30.00
31.00	Primary payer payments		845	31.00
32.00	Subtotal (line 30 minus line 31)		11,965,263	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		632,718	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		411,267	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		554,431	36.00
37.00	Subtotal (see instructions)		12,376,530	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)		12,376,530	40.00
40.01	Sequestration adjustment (see instructions)		247,531	40.01
41.00	Interim payments		12,344,033	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-215,034	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		160	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,035	2.00
3.00	PPS payments		1,876	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		10	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		160	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		1,609	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)		1,609	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,609	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,449	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)		160	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)		1,886	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		390	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)		1,656	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)		1,656	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,656	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		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)		1,656	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)		1,656	40.00
40.01	Sequestration adjustment (see instructions)		33	40.01
41.00	Interim payments		1,465	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		158	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		176	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		176	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		1,765	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)		1,765	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,765	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,589	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)		176	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			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)		176	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)		176	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		176	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		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)		176	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		176	40.00
40.01	Sequestration adjustment (see instructions)		4	40.01
41.00	Interim payments		242	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-70	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00
				Overrides
				1.00
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0
				112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0180

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/24/2017 6:25 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		45,409,941		11,234,371		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		2,706,213		1,326,783		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	05/26/2016	24,224	12/29/2016	24,408		3.01
3.02		12/29/2016	201,153		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	05/26/2016	241,529		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)		225,377		-217,121		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)		48,341,531		12,344,033		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		2,694,697		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		215,034		6.02
7.00	Total Medicare program liability (see instructions)		51,036,228		12,128,999		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: 14-0180 Component CCN: 14-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/24/2017 6:25 pm	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,783,877		1,465
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)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	05/26/2016	11,227		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		11,227		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,795,104		1,465
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		158
6.02	SETTLEMENT TO PROGRAM		8,288		0
7.00	Total Medicare program liability (see instructions)		1,786,816		1,623
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0180 Component CCN: 14-5541		Period: From 01/01/2016 To 12/31/2016		Worksheet E-1 Part I Date/Time Prepared: 5/24/2017 6:25 pm	
		Title XVIII		Skilled Nursing Facility		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		3,005,733		242		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)		3,005,733		242		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		3,421		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		70		6.02
7.00	Total Medicare program liability (see instructions)		3,009,154		172		7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			11,871 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			23,066 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			8,061 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			47,985 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,282,841,510 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			34,620,285 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)			690,768 8.00
9.00	Sequestration adjustment amount (see instructions)			13,815 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			676,953 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			676,953 32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			1,573,317 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.1379 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			246,539 3.00
4.00	Outlier Payments			5,632 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.538251 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			1,825,488 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,825,488 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,825,488 19.00
20.00	Deductibles			2,576 20.00
21.00	Subtotal (line 19 minus line 20)			1,822,912 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			1,822,912 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,822,912 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			370 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,823,282 32.00
32.01	Sequestration adjustment (see instructions)			36,466 32.01
33.00	Interim payments			1,795,104 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			-8,288 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			27,057 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			5,632 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VI Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		3,472,028	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		3,491	3.00
4.00	Subtotal (sum of lines 1 through 3)		3,475,519	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		404,954	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		3,070,565	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		3,070,565	15.00
15.01	Sequestration adjustment (see instructions)		61,411	15.01
16.00	Interim payments		3,005,733	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		3,421	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2017 6:25 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		4,076,369		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		4,076,369	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		4,076,369	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		4,076,369	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		4,076,369	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00
<b>OVERRIDES</b>					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2017 6:25 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	91,544		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	91,544	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	91,544	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	91,544	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	91,544	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0		32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
<b>OVERRIDES</b>				
109.00	Override Ancillary service charges (line 9)	0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 6:25 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			41.12	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			2.82	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			5.95	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			44.25	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			41.41	6.00
7.00	Enter the lesser of line 5 or line 6			41.41	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	41.20	0.00	41.20	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	41.20	0.00	41.20	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	41.20	3.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	45.42	3.99		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	44.16	3.96		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	43.59	3.65		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	43.59	3.65		17.00
18.00	Per resident amount	123,573.23	123,573.23		18.00
19.00	Approved amount for resident costs	5,386,557	451,042	5,837,599	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			5,837,599	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	24,104	8,241		26.00
27.00	Total Inpatient Days (see instructions)	94,991	94,991		27.00
28.00	Ratio of inpatient days to total inpatient days	0.253750	0.086756		28.00
29.00	Program direct GME amount	1,481,291	506,447		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		71,561		30.00
31.00	Net Program direct GME amount			1,916,177	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,154,146	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		50,987,851	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		14,875	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		50,972,976	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		16,637,236	42.00
43.00	Primary payer payments (see instructions)		845	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		16,636,391	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		67,609,367	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.753934	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.246066	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		1,916,177	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,444,671	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		471,506	50.00

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

Provider CCN: 14-0180

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

Worksheet G

Date/Time Prepared:  
5/24/2017 6:25 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	3,687,769	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	149,446,148	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-119,221,536	0	0	0	6.00
7.00	Inventory	6,208,449	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	5,385,088	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	45,505,918	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,370,865	0	0	0	12.00
13.00	Land improvements	1,166,039	0	0	0	13.00
14.00	Accumulated depreciation	-916,752	0	0	0	14.00
15.00	Buildings	126,323,281	0	0	0	15.00
16.00	Accumulated depreciation	-56,062,662	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	57,577,303	0	0	0	19.00
20.00	Accumulated depreciation	-39,740,700	0	0	0	20.00
21.00	Automobiles and trucks	57,538	0	0	0	21.00
22.00	Accumulated depreciation	-57,538	0	0	0	22.00
23.00	Major movable equipment	29,794,935	0	0	0	23.00
24.00	Accumulated depreciation	-15,563,691	0	0	0	24.00
25.00	Minor equipment depreciable	491,451	0	0	0	25.00
26.00	Accumulated depreciation	-179,781	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	87,116	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	108,347,404	0	0	0	30.00
<b>OTHER ASSETS</b>						
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	96,564	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	96,564	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	153,949,886	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	2,964,387	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	12,457,364	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,421,751	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	14,000,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	11,044	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	14,011,044	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	29,432,795	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	124,517,091				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	124,517,091	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	153,949,886	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0180

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

Worksheet G-1

Date/Time Prepared:  
5/24/2017 6:25 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		75,913,181		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		20,024,561			2.00
3.00	Total (sum of line 1 and line 2)		95,937,742		0	3.00
4.00	UNRESTRICTED NET ASSETS	27,884,324		0		4.00
5.00	NET ASSET TRANSFERS	695,026		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)		28,579,350		0	10.00
11.00	Subtotal (line 3 plus line 10)		124,517,092		0	11.00
12.00		0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		124,517,092		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	UNRESTRICTED NET ASSETS		0			4.00
5.00	NET ASSET TRANSFERS		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			0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0180

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/24/2017 6:25 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	266,697,378		266,697,378	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	5,857,806		5,857,806	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	7,916,910		7,916,910	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)	280,472,094		280,472,094	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,109,404		21,109,404	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)	21,109,404		21,109,404	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	301,581,498		301,581,498	17.00
18.00	Ancillary services	450,166,790	429,724,336	879,891,126	18.00
19.00	Outpatient services	0	101,368,930	101,368,930	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES AND 340B	0	4,818,135	4,818,135	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	751,748,288	535,911,401	1,287,659,689	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		289,639,274		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	ADD (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)		289,639,274		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet G-3 Date/Time Prepared: 5/24/2017 6:25 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,287,659,689	1.00
2.00	Less contractual allowances and discounts on patients' accounts	982,735,537	2.00
3.00	Net patient revenues (line 1 minus line 2)	304,924,152	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	289,639,274	4.00
5.00	Net income from service to patients (line 3 minus line 4)	15,284,878	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	215,396	6.00
7.00	Income from investments	-102,516	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	1,462,241	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	1,106,728	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	701,370	22.00
23.00	Governmental appropriations	640,665	23.00
24.00	CAPTATION AND PHYSICIAN BILLING BO	48,064	24.00
24.01	MISCELLANEOUS REVENUE	678,493	24.01
25.00	Total other income (sum of lines 6-24)	4,750,441	25.00
26.00	Total (line 5 plus line 25)	20,035,319	26.00
27.00	DISPOSAL OF ASST (LOSS)	10,758	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	10,758	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	20,024,561	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/24/2017 6:25 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,495,706	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		66,570	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)		131.11	3.00
4.00	Number of interns & residents (see instructions)		47.43	4.00
5.00	Indirect medical education percentage (see instructions)		10.75	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)		268,288	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		19.92	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		102.24	8.00
9.00	Sum of lines 7 and 8		122.16	9.00
10.00	Allowable disproportionate share percentage (see instructions)		28.07	10.00
11.00	Disproportionate share adjustment (see instructions)		700,545	11.00
12.00	Total prospective capital payments (see instructions)		3,531,109	12.00
		1.00		
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ALL INCLUSIVE RATE DATA - METHOD E		Provider CCN: 14-0180	Period: From 01/01/2016 To 12/31/2016	Worksheet AIR Not a CMS Worksheet Date/Time Prepared: 5/24/2017 6:25 pm
			1.00	
1.00	Total general inpatient routine service cost.		42,347,662	1.00
2.00	Total inpatient days.		51,897	2.00
3.00	Cost per day.		815.99	3.00
4.00	Percentage (93% = Short Term; 98% = Long Term).		0	4.00
5.00	Reduced cost per day.		0.00	5.00
6.00	Ancillary percentage.		0	6.00
7.00	Ancillary cost per day.		0.00	7.00
8.00	Inpatient Part B days.		0	8.00
9.00	Total Part B ancillary cost.		0	9.00