

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/21/2016 4:05 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: 11/21/2016 Time: 4:05 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ELIZABETH HOSPITAL (140187) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	681,481	331,520	-19,778	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	16,940	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	698,421	331,520	-19,778	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140187		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/21/2016 4:03 pm			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 62220-		4.00 County: ST. CLAIR			
1.00 Street: 211 S 3RD STREET		2.00 State: IL		3.00 Zip Code: 62220-		4.00 County: ST. CLAIR			
2.00 City: BELLEVILLE		3.00 State: IL		4.00 Zip Code: 62220-		5.00 County: ST. CLAIR			
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
3.00 Hospital and Hospital-Based Component Identification:		4.00		5.00		6.00			
3.00	Hospital	ST. ELIZABETH HOSPITAL	140187	41180	1	07/01/1966	N	P	0
4.00	Subprovider - IPF								
5.00	Subprovider - IRF	REHABILITATION	14T187	41180	5	07/01/1987	N	P	0
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FOHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other	BELLEVILLE HHA	147506	41180		11/01/1991			
						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2015	06/30/2016		20.00
21.00	Type of Control (see instructions)					1			21.00
<u>Inpatient PPS Information</u>									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						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.	1,252	2,520	167	0	5,367	178		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	292	173	0	0	1			25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/21/2016 4:03 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y		Y		40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00		61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00		61.20	
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				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	10.76	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		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V		XIX
				1.00		2.00
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX					
		1.00		2.00					
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00			
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00			
Rural Providers									
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00			
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00			
		Physical		Occupational		Speech		Respiratory	
		1.00		2.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		N		N	
								1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N			
								1.00	
								2.00	
								3.00	
Miscellaneous Cost Reporting Information									
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N						116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N						117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0						118.00	
		Premiums		Losses		Insurance			
		1.00		2.00		3.00			
118.01	List amounts of malpractice premiums and paid losses:	0		0		0		118.01	
								1.00	
								2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N						118.02	
119.00	DO NOT USE THIS LINE							119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N				120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y						121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.06				122.00	
Transplant Center Information									
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N						125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140187		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/21/2016 4:03 pm	
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				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: HOSPITAL SISTER HEALTH SYSTEM	Contractor's Name:		Contractor's Number: 00131		141.00	
142.00	Street: 4936 LAVERNA ROAD	PO Box:				142.00	
143.00	City: SPRINGFIELD	State:		Zip Code: 62707		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
						1.00	
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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/21/2016 4:03 pm	
			Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2015	03/31/2015	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/21/2016 4:03 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	10/18/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	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	10/04/2016	Y	10/04/2016
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/21/2016 4:03 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		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.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		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		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		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.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		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.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP		BKD LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435		LVCOSTREPORTS@BKD.COM	43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140187

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

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2016 4:03 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle 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	176	70,356	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)		176	70,356	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,784	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)		200	79,140	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,980		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		230				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part I Date/Time Prepared: 11/21/2016 4:03 pm
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,544	852	23,334			1.00
2.00 HMO and other (see instructions)	4,315	8,054				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	433	338				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,544	852	23,334			7.00
8.00 INTENSIVE CARE UNIT	1,984	139	5,733			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		261	2,143			13.00
14.00 Total (see instructions)	11,528	1,252	31,210	10.76	1,038.42	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,441	128	4,011	0.00	20.51	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				10.76	1,058.93	27.00
28.00 Observation Bed Days		148	3,439			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			96			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	178	323			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part I Date/Time Prepared: 11/21/2016 4:03 pm
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Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,687	297	8,143	1.00
2.00 HMO and other (see instructions)			976	2,811		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				33		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,687	297	8,143	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	233	12	386	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part II Date/Time Prepared: 11/21/2016 4:03 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		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	55,014,046	0	55,014,046	2,202,569.64	24.98	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		50,928	0	50,928	318.46	159.92	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		1,510,407	0	1,510,407	29,744.00	50.78	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,169,260	412,512	1,581,772	61,813.25	25.59	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		5,512,786	0	5,512,786	136,074.05	40.51	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		662,076	0	662,076	3,847.25	172.09	13.00
14.00	Home office salaries & wage-related costs		6,620,227	0	6,620,227	98,120.00	67.47	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		18,339,783	0	18,339,783			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		535,720	0	535,720			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		8,848	0	8,848			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	8,077,512	-40,726	8,036,786	316,364.01	25.40	27.00
28.00	Administrative & General under contract (see inst.)		1,407,158	0	1,407,158	15,003.72	93.79	28.00
29.00	Maintenance & Repairs	6.00	301,824	0	301,824	10,753.50	28.07	29.00
30.00	Operation of Plant	7.00	1,514,384	0	1,514,384	75,687.54	20.01	30.00
31.00	Laundry & Linen Service	8.00	96,636	0	96,636	7,261.75	13.31	31.00
32.00	Housekeeping	9.00	1,129,890	0	1,129,890	102,958.01	10.97	32.00
33.00	Housekeeping under contract (see instructions)		182,188	0	182,188	5,200.00	35.04	33.00
34.00	Dietary	10.00	1,089,042	-792,708	296,334	20,887.71	14.19	34.00
35.00	Dietary under contract (see instructions)		349,235	0	349,235	9,360.00	37.31	35.00
36.00	Cafeteria	11.00	0	792,708	792,708	63,231.09	12.54	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,321,729	0	1,321,729	34,012.70	38.86	38.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140187

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

Worksheet S-3
Part II
Date/Time Prepared:
11/21/2016 4:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d 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		
39.00	Central Services and Supply	14.00	324,213	0	324,213	22,443.55	14.45	39.00
40.00	Pharmacy	15.00	2,236,301	-371,786	1,864,515	79,924.39	23.33	40.00
41.00	Medical Records & Medical Records Library	16.00	751,342	0	751,342	45,400.57	16.55	41.00
42.00	Social Service	17.00	1,357,419	0	1,357,419	45,606.58	29.76	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140187

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

Worksheet S-3
Part III
Date/Time Prepared:
11/21/2016 4:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	55,442,220	0	55,442,220	2,202,389.36	25.17	1.00
2.00	Excluded area salaries (see instructions)	1,169,260	412,512	1,581,772	61,813.25	25.59	2.00
3.00	Subtotal salaries (line 1 minus line 2)	54,272,960	-412,512	53,860,448	2,140,576.11	25.16	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,795,089	0	12,795,089	238,041.30	53.75	4.00
5.00	Subtotal wage-related costs (see inst.)	18,348,631	0	18,348,631	0.00	34.07	5.00
6.00	Total (sum of lines 3 thru 5)	85,416,680	-412,512	85,004,168	2,378,617.41	35.74	6.00
7.00	Total overhead cost (see instructions)	20,138,873	-412,512	19,726,361	854,095.12	23.10	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	159,185	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)	3,193,039	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	10,008,120	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	92,186	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	960,202	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,386,857	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	129,972	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	66,361	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	177,586	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,173,508	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140187

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

Worksheet S-3
Part V
Date/Time Prepared:
11/21/2016 4:03 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10	Date/Time Prepared: 11/21/2016 4:03 pm
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.247670		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		16,870,028		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		155,469,720		6.00
7.00	Medicaid cost (line 1 times line 6)		38,505,186		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)		21,635,158		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		21,635,158		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	14,979,138	1,629,469	16,608,607	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,709,883	403,571	4,113,454	21.00
22.00	Partial payment by patients approved for charity care	113,514	121,775	235,289	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,596,369	281,796	3,878,165	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,072,598		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		976,036		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		2,096,562		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		519,256		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,397,421		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		26,032,579		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140187		Period: From 07/01/2015 To 06/30/2016		Worksheet A	
Date/Time Prepared: 11/21/2016 4:03 pm							
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	12,197,141	12,197,141	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	5,611,445	5,611,445	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	14,941,792	0	14,941,792	4.00
5.01	00540	NONPATIENT TELEPHONES	229,663	3,469	233,132	-2,948	5.01
5.02	00550	DATA PROCESSING	19,130	12,364,324	12,383,454	-874,427	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	170,277	-230,562	-60,285	-4,240	5.03
5.04	00570	ADMINISTRATIVE	996,836	149,071	1,145,907	-5,883	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	846,434	2,980,123	3,826,557	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5,815,172	29,117,505	34,932,677	-7,775,346	5.06
6.00	00600	MAINTENANCE & REPAIRS	301,824	1,515,328	1,817,152	-34,120	6.00
7.00	00700	OPERATION OF PLANT	1,514,384	5,432,016	6,946,400	-2,299,465	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	96,636	808,265	904,901	-5,903	8.00
9.00	00900	HOUSEKEEPING	1,129,890	593,416	1,723,306	-74,551	9.00
10.00	01000	DIETARY	1,089,042	526,143	1,615,185	-1,200,805	10.00
11.00	01100	CAFETERIA	0	0	0	1,182,376	11.00
13.00	01300	NURSING ADMINISTRATION	1,321,729	185,150	1,506,879	-52,337	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	324,213	-18,952	305,261	76,195	14.00
15.00	01500	PHARMACY	2,236,301	5,189,943	7,426,244	-5,282,977	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	751,342	637,330	1,388,672	-19,047	16.00
17.00	01700	SOCIAL SERVICE	1,357,419	905,319	2,262,738	-18,219	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,370,320	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	140,087	22.00
23.00	02300	PARAMED PRGM	0	0	0	391,396	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,339,791	1,818,348	11,158,139	-1,365,483	30.00
31.00	03100	INTENSIVE CARE UNIT	3,953,714	890,463	4,844,177	-568,386	31.00
41.00	04100	SUBPROVIDER - IRF	1,120,392	170,790	1,291,182	-81,548	41.00
43.00	04300	NURSERY	513,697	0	513,697	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,387,366	8,944,432	13,331,798	-7,814,648	50.00
51.00	05100	RECOVERY ROOM	551,135	53,225	604,360	-51,921	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,065,806	194,014	1,259,820	0	52.00
53.00	05300	ANESTHESIOLOGY	80,529	447,556	528,085	-432,960	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,483,759	832,045	3,315,804	-589,060	54.00
56.00	05600	RADIOISOTOPE	325,532	268,446	593,978	-14,532	56.00
57.00	05700	CT SCAN	588,978	204,947	793,925	-99,388	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,519,603	6,651,685	8,171,288	-6,353,737	59.00
60.00	06000	LABORATORY	2,465,874	3,254,197	5,720,071	-1,277,763	60.00
64.00	06400	INTRAVENOUS THERAPY	203,410	76,070	279,480	-75,304	64.00
65.00	06500	RESPIRATORY THERAPY	1,278,946	365,709	1,644,655	-348,217	65.00
66.00	06600	PHYSICAL THERAPY	750,462	3,233,583	3,984,045	-543,138	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	232,714	232,714	197,271	67.00
68.00	06800	SPEECH PATHOLOGY	0	157,337	157,337	150,045	68.00
69.00	06900	ELECTROCARDIOLOGY	494,482	227,268	721,750	-95,500	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,294,939	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,219,512	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,673,193	73.00
74.00	07400	RENAL DIALYSIS	0	433,140	433,140	-10,352	74.00
76.00	03952	PAIN MANAGEMENT	322,447	178,686	501,133	-153,250	76.00
76.01	03951	OP CARDIO VASCULAR	385,572	233,877	619,449	-111,853	76.01
76.02	03953	ANCILLARY PSYCH	77,623	4,582	82,205	-1,749	76.02
76.03	03950	SLEEP LAB	237,655	65,942	303,597	-52,381	76.03
76.04	03650	VASCULAR LAB	237,683	14,934	252,617	-3,443	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	283,142	19,311,840	19,594,982	-1,865,298	90.00
91.00	09100	EMERGENCY	3,295,919	2,397,902	5,693,821	-514,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	OTHER OP	801,369	78,888	880,257	-43,606	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	54,965,178	125,842,300	180,807,478	2,385,183	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,493	98,401	145,894	-2,846	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,375	3,871,913	3,873,288	-2,470,148	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	87,811	193.01
200.00		TOTAL (SUM OF LINES 118-199)	55,014,046	129,812,614	184,826,660	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140187

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

Worksheet A
Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-137,401	12,059,740	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	0	5,611,445	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-2,170,161	12,771,631	4.00
5.01	00540 NONPATIENT TELEPHONES	0	230,184	5.01
5.02	00550 DATA PROCESSING	-11,472,540	36,487	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	-64,525	5.03
5.04	00570 ADMINITTING	0	1,140,024	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	-23,346	3,803,211	5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL	1,144,081	28,301,412	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	1,783,032	6.00
7.00	00700 OPERATION OF PLANT	-21,230	4,625,705	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-18,618	880,380	8.00
9.00	00900 HOUSEKEEPING	-265	1,648,490	9.00
10.00	01000 DIETARY	-22,476	391,904	10.00
11.00	01100 CAFETERIA	0	1,182,376	11.00
13.00	01300 NURSING ADMINISTRATION	-1,798	1,452,744	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	381,456	14.00
15.00	01500 PHARMACY	0	2,143,267	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-194,385	1,175,240	16.00
17.00	01700 SOCIAL SERVICE	0	2,244,519	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,370,320	21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	140,087	22.00
23.00	02300 PARAMED ED PRGM	0	391,396	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-49,654	9,743,002	30.00
31.00	03100 INTENSIVE CARE UNIT	-28,578	4,247,213	31.00
41.00	04100 SUBPROVIDER - IRF	-37,458	1,172,176	41.00
43.00	04300 NURSERY	0	513,697	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-5,766	5,511,384	50.00
51.00	05100 RECOVERY ROOM	0	552,439	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,259,820	52.00
53.00	05300 ANESTHESIOLOGY	0	95,125	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-11,350	2,715,394	54.00
56.00	05600 RADIOISOTOPE	0	579,446	56.00
57.00	05700 CT SCAN	0	694,537	57.00
59.00	05900 CARDIAC CATHETERIZATION	-22,833	1,794,718	59.00
60.00	06000 LABORATORY	-15,785	4,426,523	60.00
64.00	06400 INTRAVENOUS THERAPY	0	204,176	64.00
65.00	06500 RESPIRATORY THERAPY	-146,430	1,150,008	65.00
66.00	06600 PHYSICAL THERAPY	-9,767	3,431,140	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	429,985	67.00
68.00	06800 SPEECH PATHOLOGY	-500	306,882	68.00
69.00	06900 ELECTROCARDIOLOGY	0	626,250	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,294,939	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,219,512	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,673,193	73.00
74.00	07400 RENAL DIALYSIS	0	422,788	74.00
76.00	03952 PAIN MANAGEMENT	0	347,883	76.00
76.01	03951 OP CARDIO VASCULAR	-11,623	495,973	76.01
76.02	03953 ANCILLARY PSYCH	0	80,456	76.02
76.03	03950 SLEEP LAB	0	251,216	76.03
76.04	03650 VASCULAR LAB	-5,909	243,265	76.04
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	-1,790,905	15,938,779	90.00
91.00	09100 EMERGENCY	-4,618	5,174,251	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950 OTHER OP	0	836,651	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-15,059,315	168,133,346	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	143,048	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,403,140	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 WELLNESS/SENIOR VIP	0	87,811	193.01
200.00	TOTAL (SUM OF LINES 118-199)	-15,059,315	169,767,345	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - SUPPLIES & IMPLANTS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	265,457	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,294,939	2.00
3.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	7,219,512	3.00
4.00	ANCILLARY PSYCH	76.02	0	11	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
0			0	16,779,919	
B - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,673,193	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
0			0	4,673,193	
C - COMMUNITY RELATIONS					
1.00	WELLNESS/SENIOR VIP	193.01	40,726	47,085	1.00
0			40,726	47,085	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
D - RENT EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,451,538	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	595,825	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
40.00		0.00	0	0	40.00
0			0	2,047,363	
E - DEPRECIATION EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	10,745,603	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,015,620	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
41.00		0.00	0	0		41.00
0			0	15,761,223		
F - CAFETERIA						
1.00	CAFETERIA	11.00	792,708	389,668		1.00
0			792,708	389,668		
G - THERAPY RECLASS						
1.00	OCCUPATIONAL THERAPY	67.00	0	198,850		1.00
2.00	SPEECH PATHOLOGY	68.00	0	158,359		2.00
0			0	357,209		
H - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,370,320		1.00
2.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	140,087		2.00
0			0	1,510,407		
I - PHARMACY RESIDENCY PROGRAM						
1.00	PARAMED ED PRGM	23.00	371,786	19,610		1.00
0			371,786	19,610		
500.00	Grand Total: Increases		1,205,220	41,585,677		500.00

RECLASSIFICATIONS

Provider CCN: 140187

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

Worksheet A-6

Date/Time Prepared:
11/21/2016 4:03 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - SUPPLIES & IMPLANTS							
1.00	ADMINISTRATIVE & GENERAL	5.04	0	190	0		1.00
2.00	MAINTENANCE & REPAIRS	5.06	0	23,359	0		2.00
3.00	OPERATION OF PLANT	6.00	0	421	0		3.00
4.00	LAUNDRY & LINEN SERVICE	7.00	0	243	0		4.00
5.00	HOUSEKEEPING	8.00	0	417	0		5.00
6.00	DIETARY	9.00	0	34,283	0		6.00
7.00	NURSING ADMINISTRATION	10.00	0	74	0		7.00
8.00	PHARMACY	13.00	0	565	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	15.00	0	80,245	0		9.00
10.00	SOCIAL SERVICE	16.00	0	169	0		10.00
11.00	ADULTS & PEDIATRICS	17.00	0	619	0		11.00
12.00	INTENSIVE CARE UNIT	30.00	0	891,290	0		12.00
13.00	SUBPROVIDER - IRF	31.00	0	383,344	0		13.00
14.00	OPERATING ROOM	41.00	0	54,085	0		14.00
15.00	RECOVERY ROOM	50.00	0	6,600,194	0		15.00
16.00	ANESTHESIOLOGY	51.00	0	18,342	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	53.00	0	316,522	0		17.00
18.00	RADIOISOTOPE	54.00	0	137,049	0		18.00
19.00	CT SCAN	56.00	0	5,005	0		19.00
20.00	CARDIAC CATHETERIZATION	57.00	0	87,707	0		20.00
21.00	LABORATORY	59.00	0	5,725,489	0		21.00
22.00	INTRAVENOUS THERAPY	60.00	0	1,135,247	0		22.00
23.00	RESPIRATORY THERAPY	64.00	0	70,946	0		23.00
24.00	PHYSICAL THERAPY	65.00	0	282,522	0		24.00
25.00	OCCUPATIONAL THERAPY	66.00	0	95,229	0		25.00
26.00	SPEECH PATHOLOGY	67.00	0	1,368	0		26.00
27.00	ELECTROCARDIOLOGY	68.00	0	1,996	0		27.00
28.00	RENAL DIALYSIS	69.00	0	10,082	0		28.00
29.00	PAIN MANAGEMENT	74.00	0	8,536	0		29.00
30.00	OP CARDIOVASCULAR	76.00	0	129,866	0		30.00
31.00	SLEEP LAB	76.01	0	13,999	0		31.00
32.00	VASCULAR LAB	76.03	0	12,423	0		32.00
33.00	CLINIC	76.04	0	2,277	0		33.00
34.00	EMERGENCY	90.00	0	246,363	0		34.00
35.00	OTHER OP	91.00	0	371,528	0		35.00
36.00	PHYSICIANS' PRIVATE OFFICES	93.00	0	37,898	0		36.00
37.00		192.00	0	27	0		37.00
0			0	16,779,919			
B - DRUGS CHARGED TO PATIENTS							
1.00	ADMINISTRATIVE & GENERAL	5.06	0	18,140	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	115	0		2.00
3.00	OPERATION OF PLANT	7.00	0	5	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	60,661	0		4.00
5.00	PHARMACY	15.00	0	4,510,252	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	14	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	147	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	20	0		8.00
9.00	OPERATING ROOM	50.00	0	25,596	0		9.00
10.00	RECOVERY ROOM	51.00	0	1,122	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	5,353	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,487	0		12.00
13.00	RADIOISOTOPE	56.00	0	65	0		13.00
14.00	CT SCAN	57.00	0	2,400	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	9,766	0		15.00
16.00	LABORATORY	60.00	0	15	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	412	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	185	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	161	0		19.00
20.00	RENAL DIALYSIS	74.00	0	1,816	0		20.00
21.00	PAIN MANAGEMENT	76.00	0	564	0		21.00
22.00	OP CARDIOVASCULAR	76.01	0	45	0		22.00
23.00	CLINIC	90.00	0	24,392	0		23.00
24.00	EMERGENCY	91.00	0	7,999	0		24.00
25.00	OTHER OP	93.00	0	461	0		25.00
0			0	4,673,193			
C - COMMUNITY RELATIONS							
1.00	ADMINISTRATIVE & GENERAL	5.06	40,726	47,085	0		1.00
0			40,726	47,085			

RECLASSIFICATIONS

Provider CCN: 140187

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

Worksheet A-6
Date/Time Prepared:
11/21/2016 4:03 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
D - RENT EXPENSE							
1.00	NONPATIENT TELEPHONES	5.01	0	98	10		1.00
2.00	DATA PROCESSING	5.02	0	2,927	10		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	2,565	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.04	0	2,668	0		4.00
5.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	47,676	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	391	0		6.00
7.00	OPERATION OF PLANT	7.00	0	4,461	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	65	0		8.00
9.00	HOUSEKEEPING	9.00	0	3,960	0		9.00
10.00	DIETARY	10.00	0	3,138	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	3,689	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,446	0		12.00
13.00	PHARMACY	15.00	0	297,980	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,369	0		14.00
15.00	SOCIAL SERVICE	17.00	0	4,281	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	41,799	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	10,448	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	5,233	0		18.00
19.00	OPERATING ROOM	50.00	0	15,637	0		19.00
20.00	RECOVERY ROOM	51.00	0	786	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	1,320	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,132	0		22.00
23.00	RADIOISOTOPE	56.00	0	181	0		23.00
24.00	CT SCAN	57.00	0	758	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	8,333	0		25.00
26.00	LABORATORY	60.00	0	9,440	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	0	8	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	29,438	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	57,059	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	1,320	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	1,622	0		31.00
32.00	PAIN MANAGEMENT	76.00	0	1,860	0		32.00
33.00	OP CARDIOVASCULAR	76.01	0	1,958	0		33.00
34.00	ANCILLARY PSYCH	76.02	0	1,760	0		34.00
35.00	SLEEP LAB	76.03	0	3,470	0		35.00
36.00	VASCULAR LAB	76.04	0	391	0		36.00
37.00	CLINIC	90.00	0	9,043	0		37.00
38.00	EMERGENCY	91.00	0	30,655	0		38.00
39.00	OTHER OP	93.00	0	3,480	0		39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,416,518	0		40.00
			0	2,047,363			
E - DEPRECIATION EXPENSE							
1.00	NONPATIENT TELEPHONES	5.01	0	2,850	9		1.00
2.00	DATA PROCESSING	5.02	0	871,500	9		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	1,675	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.04	0	3,025	0		4.00
5.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	7,598,360	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	33,193	0		6.00
7.00	OPERATION OF PLANT	7.00	0	2,294,756	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	5,421	0		8.00
9.00	HOUSEKEEPING	9.00	0	36,308	0		9.00
10.00	DIETARY	10.00	0	15,217	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	48,083	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	119,155	0		12.00
13.00	PHARMACY	15.00	0	3,104	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	13,495	0		14.00
15.00	SOCIAL SERVICE	17.00	0	13,319	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	432,247	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	174,594	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	22,210	0		18.00
19.00	OPERATING ROOM	50.00	0	1,173,221	0		19.00
20.00	RECOVERY ROOM	51.00	0	31,671	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	109,765	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	442,392	0		22.00
23.00	RADIOISOTOPE	56.00	0	9,281	0		23.00
24.00	CT SCAN	57.00	0	8,523	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	610,149	0		25.00
26.00	LABORATORY	60.00	0	133,061	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	0	4,350	0		27.00

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
28.00	RESPIRATORY THERAPY	65.00	0	35,845	0		28.00	
29.00	PHYSICAL THERAPY	66.00	0	33,456	0		29.00	
30.00	OCCUPATIONAL THERAPY	67.00	0	211	0		30.00	
31.00	SPEECH PATHOLOGY	68.00	0	4,998	0		31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	83,635	0		32.00	
33.00	PAIN MANAGEMENT	76.00	0	20,960	0		33.00	
34.00	OP CARDIO VASCULAR	76.01	0	95,851	0		34.00	
35.00	SLEEP LAB	76.03	0	36,488	0		35.00	
36.00	VASCULAR LAB	76.04	0	775	0		36.00	
37.00	CLINIC	90.00	0	75,093	0		37.00	
38.00	EMERGENCY	91.00	0	104,770	0		38.00	
39.00	OTHER OP	93.00	0	1,767	0		39.00	
40.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,846	0		40.00	
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,053,603	0		41.00	
			0	15,761,223				
F - CAFETERIA								
1.00	DIETARY	10.00	792,708	389,668	0		1.00	
			792,708	389,668				
G - THERAPY RECLASS								
1.00	PHYSICAL THERAPY	66.00	0	357,209	0		1.00	
2.00		0.00	0	0	0		2.00	
			0	357,209				
H - INTERNS AND RESIDENTS								
1.00	CLINIC	90.00	0	1,510,407	0		1.00	
2.00		0.00	0	0	0		2.00	
			0	1,510,407				
I - PHARMACY RESIDENCY PROGRAM								
1.00	PHARMACY	15.00	371,786	19,610	0		1.00	
			371,786	19,610				
500.00	Grand Total: Decreases		1,205,220	41,585,677			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

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

Worksheet A-7
Part I
Date/Time Prepared:
11/21/2016 4:03 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,885,055	19,067,060	0	19,067,060	0	1.00
2.00	Land Improvements	5,984,789	0	0	0	0	2.00
3.00	Buildings and Fixtures	122,233,225	572,393	0	572,393	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	80,796,523	0	0	0	10,420,059	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	212,899,592	19,639,453	0	19,639,453	10,420,059	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	212,899,592	19,639,453	0	19,639,453	10,420,059	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,952,115	0				1.00
2.00	Land Improvements	5,984,789	0				2.00
3.00	Buildings and Fixtures	122,805,618	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	70,376,464	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	222,118,986	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	222,118,986	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

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

Worksheet A-7
Part II
Date/Time Prepared:
11/21/2016 4:03 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW 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	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW 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: 140187

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

Worksheet A-7
Part III
Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	151,742,522	0	151,742,522	0.683159	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	70,376,464	0	70,376,464	0.316841	0	2.00
3.00	Total (sum of lines 1-2)	222,118,986	0	222,118,986	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	10,745,603	1,451,538	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,015,620	595,825	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,761,223	2,047,363	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	NEW CAP REL COSTS-BLDG & FIXT	-137,401	0	0	0	12,059,740	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,611,445	2.00
3.00	Total (sum of lines 1-2)	-137,401	0	0	0	17,671,185	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-137,401	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW 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	-1,105,736			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	1,038,658			0	12.00
13.00 Laundry and linen service	B	-18,618	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employees 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	-194,385	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	-22,406	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW 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	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		68.00	31.00			
				Basis/Code (2)	Amount			Cost Center	Line #	Wkst. A-7 Ref.
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00			
33.00	MISCELLANEOUS A&P	B	-48,768	ADULTS & PEDIATRICS		30.00	0 33.00			
33.01	MISCELLANEOUS RESPIRATORY THERAPY	B	-144,385	RESPIRATORY THERAPY		65.00	0 33.01			
33.02	MISCELLANEOUS LAB	B	-15,785	LABORATORY		60.00	0 33.02			
33.03	MISCELLANEOUS RADIOLOGY	B	-550	RADIOLOGY-DIAGNOSTIC		54.00	0 33.03			
33.04	MISCELLANEOUS VASCULAR LAB	B	-600	VASCULAR LAB		76.04	0 33.04			
33.05	MISCELLANEOUS EMERGENCY ROOM	B	-817	EMERGENCY		91.00	0 33.05			
33.06	MISCELLANEOUS NURSING ADMINISTRATION	B	-1,348	NURSING ADMINISTRATION		13.00	0 33.06			
33.07	MISCELLANEOUS PLANT OPERATIONS	B	-21,230	OPERATION OF PLANT		7.00	0 33.07			
33.08	MISCELLANEOUS CASHIERING	B	-23,346	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 33.08			
33.09	MISCELLANEOUS OPERATING ROOM	B	-962	OPERATING ROOM		50.00	0 33.09			
33.10	MISCELLANEOUS PATIENT ACCOUNTING	B	-994,857	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.10			
33.11	MISCELLANEOUS OTHER THERAPY	B	-500	SPEECH PATHOLOGY		68.00	0 33.11			
33.12	MISCELLANEOUS HOUSEKEEPING	B	-265	HOUSEKEEPING		9.00	0 33.12			
33.13	MISCELLANEOUS EMERGENCY ROOM	B	999	EMERGENCY		91.00	0 33.13			
33.14	IHA DUES	A	-30,084	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.14			
33.15	CHA DUES	A	-908	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.15			
33.16	AHA DUES	A	-5,961	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.16			
33.17	ADVERTISING	A	-328,145	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.17			
33.18	ADVERTISING	A	-50	DATA PROCESSING		5.02	0 33.18			
33.19	ADVERTISING	A	-41	RADIOLOGY-DIAGNOSTIC		54.00	0 33.19			
33.20	ADVERTISING	A	-70	DIETARY		10.00	0 33.20			
33.21	RECRUITMENT EXPENSE	A	-2,800	CLINIC		90.00	0 33.21			
33.22	RECRUITMENT EXPENSE	A	-74,995	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.22			
33.23	RECRUITMENT EXPENSE	A	-759	RADIOLOGY-DIAGNOSTIC		54.00	0 33.23			
33.24	LIABILITY INSURANCE	A	-177,148	CLINIC		90.00	0 33.24			
33.25	SEASON TICKETS	A	-15,710	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.25			
33.26	PROVIDER TAX ADJUSTMENT	A	-8,919,715	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.26			
33.27	DONATIONS	A	-2,500	OTHER ADMINISTRATIVE & GENERAL		5.06	0 33.27			
33.28	SELF INSURANCE	A	-2,199,094	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.28			
33.29	MED CLINIC - HSHS MED GROUP	A	-1,609,033	CLINIC		90.00	0 33.29			
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,059,315				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: 140187

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

Worksheet A-8-1

Date/Time Prepared:
11/21/2016 4:03 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	5.06	OTHER ADMINISTRATIVE & GENERAL	ADMINISTRATION - SSC MANAGEMENT	10,995,074	1,544,778 1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	HOME OFFICE CAPITAL ME	3,031,919	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE TRUST FUND	12,934,825	12,905,892 3.00
4.00	5.02	DATA PROCESSING	INFORMATION SYSTEMS - SSC MA	0	11,472,490 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			26,961,818	25,923,160 5.00

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

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

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

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

6.00	A	HSHA/CCC	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:			0.00	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.

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

Provider CCN: 140187

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

Worksheet A-8-1

Date/Time Prepared:
11/21/2016 4:03 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	9,450,296	0		1.00
2.00	3,031,919	0		2.00
3.00	28,933	0		3.00
4.00	-11,472,490	0		4.00
5.00	1,038,658			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT				Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet A-8-2 Date/Time Prepared: 11/21/2016 4:03 pm
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Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours
1.00	2.00	3.00	4.00	5.00	6.00	7.00
1.00	5.06 OTHER ADMINISTRATIVE & GENERAL	1,164,760	729,439	435,321	211,500	1,962
2.00	13.00 NURSING ADMINISTRATION	450	450	0	211,500	0
3.00	30.00 ADULTS & PEDIATRICS	4,750	0	4,750	211,500	38
4.00	31.00 INTENSIVE CARE UNIT	40,577	5,192	35,385	211,500	118
5.00	41.00 SUBPROVIDER - IRF	67,658	8,258	59,400	211,500	297
6.00	50.00 OPERATING ROOM	7,173	3,173	4,000	246,400	20
7.00	54.00 RADIOLOGY-DIAGNOSTIC	25,750	10,000	15,750	271,900	126
8.00	59.00 CARDIAC CATHETERIZATION	39,000	7,300	31,700	211,500	159
9.00	60.00 LABORATORY	126,000	0	126,000	260,300	1,008
10.00	65.00 RESPIRATORY THERAPY	6,417	552	5,865	211,500	43
11.00	66.00 PHYSICAL THERAPY	14,750	2,500	12,250	211,500	49
12.00	76.01 OP CARDIO VASCULAR	22,300	1,300	21,000	211,500	105
13.00	76.04 VASCULAR LAB	10,800	0	10,800	211,500	54
14.00	90.00 CLINIC	24,039	1,924	22,115	211,500	484
15.00	91.00 EMERGENCY	4,800	4,800	0	211,500	0
200.00		1,559,224	774,888	784,336		4,463

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance
1.00	2.00	8.00	9.00	12.00	13.00	14.00
1.00	5.06 OTHER ADMINISTRATIVE & GENERAL	199,501	9,975	0	0	0
2.00	13.00 NURSING ADMINISTRATION	0	0	0	0	0
3.00	30.00 ADULTS & PEDIATRICS	3,864	193	0	0	0
4.00	31.00 INTENSIVE CARE UNIT	11,999	600	0	0	0
5.00	41.00 SUBPROVIDER - IRF	30,200	1,510	0	0	0
6.00	50.00 OPERATING ROOM	2,369	118	0	0	0
7.00	54.00 RADIOLOGY-DIAGNOSTIC	16,471	824	0	0	0
8.00	59.00 CARDIAC CATHETERIZATION	16,167	808	0	0	0
9.00	60.00 LABORATORY	126,145	6,307	0	0	0
10.00	65.00 RESPIRATORY THERAPY	4,372	219	0	0	0
11.00	66.00 PHYSICAL THERAPY	4,983	249	0	0	0
12.00	76.01 OP CARDIO VASCULAR	10,677	534	0	0	0
13.00	76.04 VASCULAR LAB	5,491	275	0	0	0
14.00	90.00 CLINIC	49,214	2,461	0	0	0
15.00	91.00 EMERGENCY	0	0	0	0	0
200.00		481,453	24,073	0	0	0

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment
1.00	2.00	15.00	16.00	17.00	18.00
1.00	5.06 OTHER ADMINISTRATIVE & GENERAL	0	199,501	235,820	965,259
2.00	13.00 NURSING ADMINISTRATION	0	0	0	450
3.00	30.00 ADULTS & PEDIATRICS	0	3,864	886	886
4.00	31.00 INTENSIVE CARE UNIT	0	11,999	23,386	28,578
5.00	41.00 SUBPROVIDER - IRF	0	30,200	29,200	37,458
6.00	50.00 OPERATING ROOM	0	2,369	1,631	4,804
7.00	54.00 RADIOLOGY-DIAGNOSTIC	0	16,471	0	10,000
8.00	59.00 CARDIAC CATHETERIZATION	0	16,167	15,533	22,833
9.00	60.00 LABORATORY	0	126,145	0	0
10.00	65.00 RESPIRATORY THERAPY	0	4,372	1,493	2,045
11.00	66.00 PHYSICAL THERAPY	0	4,983	7,267	9,767
12.00	76.01 OP CARDIO VASCULAR	0	10,677	10,323	11,623
13.00	76.04 VASCULAR LAB	0	5,491	5,309	5,309
14.00	90.00 CLINIC	0	49,214	0	1,924
15.00	91.00 EMERGENCY	0	0	0	4,800
200.00		0	481,453	330,848	1,105,736

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				4.00
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	12,059,740	12,059,740				1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	5,611,445		5,611,445			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	12,771,631	0	0	12,771,631		4.00	
5.01 00540 NONPATIENT TELEPHONES	230,184	4,652	3,189	53,317	291,342	5.01	
5.02 00550 DATA PROCESSING	36,487	166,576	975,029	4,441	6,297	5.02	
5.03 00560 PURCHASING RECEIVING AND STORES	-64,525	15,393	1,874	39,530	1,819	5.03	
5.04 00570 ADMITTING	1,140,024	32,119	3,384	231,417	3,638	5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	3,803,211	0	0	196,501	5,597	5.05	
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	28,301,412	2,602,884	133,126	1,340,549	10,915	5.06	
6.00 00600 MAINTENANCE & REPAIRS	1,783,032	35,545	37,136	70,069	1,119	6.00	
7.00 00700 OPERATION OF PLANT	4,625,705	862,035	71,231	351,567	2,799	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	880,380	215,846	6,065	22,434	700	8.00	
9.00 00900 HOUSEKEEPING	1,648,490	74,624	40,621	262,306	560	9.00	
10.00 01000 DIETARY	391,904	323,672	17,025	68,795	3,638	10.00	
11.00 01100 CAFETERIA	1,182,376	0	0	184,029	0	11.00	
13.00 01300 NURSING ADMINISTRATION	1,452,744	38,493	53,795	306,842	1,959	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	381,456	153,757	133,310	75,267	2,239	14.00	
15.00 01500 PHARMACY	2,143,267	90,213	3,473	432,851	3,079	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,175,240	74,233	15,098	174,426	6,157	16.00	
17.00 01700 SOCIAL SERVICE	2,244,519	52,625	14,901	315,128	4,478	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,370,320	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	140,087	0	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM	391,396	0	0	86,311	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	9,743,002	1,240,605	483,594	2,168,260	26,168	30.00	
31.00 03100 INTENSIVE CARE UNIT	4,247,213	180,798	195,335	917,863	5,457	31.00	
41.00 04100 SUBPROVIDER - IIRF	1,172,176	177,425	24,848	260,101	3,918	41.00	
43.00 04300 NURSERY	513,697	0	0	119,256	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	5,511,384	696,489	1,312,593	1,018,536	25,048	50.00	
51.00 05100 RECOVERY ROOM	552,439	55,484	35,433	127,947	1,539	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,259,820	0	0	247,429	0	52.00	
53.00 05300 ANESTHESIOLOGY	95,125	15,092	122,804	18,695	1,539	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,715,394	225,878	494,946	576,610	6,997	54.00	
56.00 05600 RADIO SOTOPE	579,446	49,501	10,384	75,573	980	56.00	
57.00 05700 CT SCAN	694,537	58,147	9,535	136,732	1,259	57.00	
59.00 05900 CARDIAC CATHETERIZATION	1,794,718	262,151	682,631	352,779	5,317	59.00	
60.00 06000 LABORATORY	4,426,523	220,462	148,868	572,458	4,338	60.00	
64.00 06400 INTRAVENOUS THERAPY	204,176	0	4,867	47,222	0	64.00	
65.00 06500 RESPIRATORY THERAPY	1,150,008	89,627	40,103	296,910	1,399	65.00	
66.00 06600 PHYSICAL THERAPY	3,431,140	364,117	37,429	174,221	5,457	66.00	
67.00 06700 OCCUPATIONAL THERAPY	429,985	0	236	0	420	67.00	
68.00 06800 SPEECH PATHOLOGY	306,882	11,683	5,591	0	560	68.00	
69.00 06900 ELECTROCARDIOLOGY	626,250	52,661	93,570	114,795	1,259	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,294,939	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	7,219,512	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	4,673,193	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	422,788	19,548	0	0	420	74.00	
76.00 03952 PAIN MANAGEMENT	347,883	55,892	23,450	74,857	0	76.00	
76.01 03951 OP CARDIO VASCULAR	495,973	39,167	107,238	89,511	0	76.01	
76.02 03953 ANCILLARY PSYCH	80,456	34,853	0	18,020	1,119	76.02	
76.03 03950 SLEEP LAB	251,216	60,384	40,823	55,172	2,379	76.03	
76.04 03650 VASCULAR LAB	243,265	19,672	867	55,179	700	76.04	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	15,938,779	353,677	81,775	65,732	34,704	90.00	
91.00 09100 EMERGENCY	5,174,251	213,236	117,216	765,154	5,038	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
93.00 04950 OTHER OP	836,651	0	1,977	186,039	1,399	93.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	168,133,346	9,239,216	5,585,370	12,750,831	192,408	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	143,048	15,216	3,184	11,026	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,403,140	2,805,308	22,891	319	98,934	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 WELLNESS/SENIOR VIP	87,811	0	0	9,455	0	193.01	
200.00	Cross Foot Adjustments					200.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	169,767,345	12,059,740	5,611,445	12,771,631	291,342	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/21/2016 4:03 pm		
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal
			5.02	5.03	5.04	5.05	5A.05
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	1,188,830				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	-5,909			5.03
5.04	00570	ADMINITTING	0	0	1,410,582		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	4,005,309	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	1,188,830	0	0	0	33,577,716
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	1,926,901
7.00	00700	OPERATION OF PLANT	0	0	0	0	5,913,337
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,125,425
9.00	00900	HOUSEKEEPING	0	0	0	0	2,026,601
10.00	01000	DIETARY	0	0	0	0	805,034
11.00	01100	CAFETERIA	0	0	0	0	1,366,405
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,853,833
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	746,029
15.00	01500	PHARMACY	0	0	0	0	2,672,883
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,445,154
17.00	01700	SOCIAL SERVICE	0	0	0	0	2,631,651
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,370,320
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	140,087
23.00	02300	PARAMED PRGM	0	0	0	0	477,707
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	93,778	266,324	14,021,731
31.00	03100	INTENSIVE CARE UNIT	0	0	29,417	83,543	5,659,626
41.00	04100	SUBPROVIDER - IRF	0	0	10,471	29,736	1,678,675
43.00	04300	NURSERY	0	0	4,662	13,239	650,854
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	132,892	377,403	9,074,345
51.00	05100	RECOVERY ROOM	0	0	14,165	40,229	827,236
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	14,573	41,386	1,563,208
53.00	05300	ANESTHESIOLOGY	0	0	34,390	97,666	385,311
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	130,048	369,326	4,519,199
56.00	05600	RADIOISOTOPE	0	0	14,907	42,335	773,126
57.00	05700	CT SCAN	0	0	116,139	329,826	1,346,175
59.00	05900	CARDIAC CATHETERIZATION	0	0	80,661	229,071	3,407,328
60.00	06000	LABORATORY	0	0	166,329	471,714	6,010,692
64.00	06400	INTRAVENOUS THERAPY	0	0	2,560	7,271	266,096
65.00	06500	RESPIRATORY THERAPY	0	0	37,685	107,023	1,722,755
66.00	06600	PHYSICAL THERAPY	0	0	47,235	134,143	4,193,742
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,881	16,702	453,224
68.00	06800	SPEECH PATHOLOGY	0	0	4,310	12,241	341,267
69.00	06900	ELECTROCARDIOLOGY	0	0	35,673	101,310	1,025,518
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	37,797	107,341	9,440,077
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	51,689	146,794	7,417,995
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	94,021	267,013	5,034,227
74.00	07400	RENAL DIALYSIS	0	0	4,507	12,799	460,062
76.00	03952	PAIN MANAGEMENT	0	0	23,426	66,529	592,037
76.01	03951	OP CARDIO VASCULAR	0	0	31,952	90,742	854,583
76.02	03953	ANCILLARY PSYCH	0	0	2,299	6,530	143,277
76.03	03950	SLEEP LAB	0	0	6,986	19,840	436,800
76.04	03650	VASCULAR LAB	0	0	9,385	26,654	355,722
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	19,036	54,060	16,547,763
91.00	09100	EMERGENCY	0	0	125,980	357,774	6,758,649
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04950	OTHER OP	0	0	27,728	78,745	1,132,539
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,188,830	0	1,410,582	4,005,309	165,172,922
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	172,474
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4,330,592
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	97,266
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	-5,909	0	0	-5,909
202.00		TOTAL (sum lines 118-201)	1,188,830	-5,909	1,410,582	4,005,309	169,767,345

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140187		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part I Date/Time Prepared: 11/21/2016 4:03 pm	
Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	33,577,716					5.06
6.00	00600	MAINTENANCE & REPAIRS	475,058	2,401,959				6.00
7.00	00700	OPERATION OF PLANT	1,457,874	224,999	7,596,210			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	277,462	56,338	196,584	1,655,809		8.00
9.00	00900	HOUSEKEEPING	499,638	19,478	67,964	55,703	2,669,384	9.00
10.00	01000	DIETARY	198,473	84,481	294,787	8,270	15,105	10.00
11.00	01100	CAFETERIA	336,873	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	457,044	10,047	35,057	0	5,539	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	183,926	40,132	140,036	79	11,329	14.00
15.00	01500	PHARMACY	658,973	23,546	82,162	1,455	11,329	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	356,288	19,376	67,608	0	24,546	16.00
17.00	01700	SOCIAL SERVICE	648,807	13,736	47,929	0	3,021	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	337,839	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	34,537	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	117,774	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,456,918	323,810	1,129,891	715,585	661,681	30.00
31.00	03100	INTENSIVE CARE UNIT	1,395,324	47,190	164,663	140,487	137,460	31.00
41.00	04100	SUBPROVIDER - IRF	413,861	46,310	161,591	60,691	91,640	41.00
43.00	04300	NURSERY	160,462	0	0	14,564	29,267	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,237,189	181,790	634,333	153,235	762,198	50.00
51.00	05100	RECOVERY ROOM	203,947	14,482	50,533	11,197	9,063	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	385,393	0	0	0	183,279	52.00
53.00	05300	ANESTHESIOLOGY	94,995	3,939	13,745	1,030	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,114,163	58,956	205,720	53,177	81,255	54.00
56.00	05600	RADIOISOTOPE	190,606	12,920	45,083	4,928	14,602	56.00
57.00	05700	CT SCAN	331,886	15,177	52,958	23,735	11,392	57.00
59.00	05900	CARDIAC CATHETERIZATION	840,043	68,424	238,756	54,281	245,463	59.00
60.00	06000	LABORATORY	1,481,876	57,543	200,788	128	30,211	60.00
64.00	06400	INTRAVENOUS THERAPY	65,603	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	424,728	23,393	81,628	221	10,070	65.00
66.00	06600	PHYSICAL THERAPY	1,033,925	95,038	331,623	74,306	30,211	66.00
67.00	06700	OCCUPATIONAL THERAPY	111,738	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	84,136	3,049	10,640	230	15,105	68.00
69.00	06900	ELECTROCARDIOLOGY	252,831	13,745	47,961	11,635	26,686	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,327,357	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,828,832	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,241,138	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	113,424	5,102	17,804	1,288	11,329	74.00
76.00	03952	PAIN MANAGEMENT	145,961	14,588	50,904	16,489	8,182	76.00
76.01	03951	OP CARDIO VASCULAR	210,689	10,223	35,672	4,235	0	76.01
76.02	03953	ANCILLARY PSYCH	35,324	9,097	31,743	0	0	76.02
76.03	03950	SLEEP LAB	107,689	15,761	54,996	8,795	29,456	76.03
76.04	03650	VASCULAR LAB	87,700	5,135	17,917	6,161	26,686	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,079,753	92,313	322,114	24,683	0	90.00
91.00	09100	EMERGENCY	1,666,277	55,657	194,207	205,753	183,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	279,216	0	0	3,468	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,443,550	1,665,775	5,027,397	1,655,809	2,669,384	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	42,522	3,972	13,858	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,067,664	732,212	2,554,955	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	23,980	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	33,577,716	2,401,959	7,596,210	1,655,809	2,669,384	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
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	1,406,150					10.00
11.00	01100	CAFETERIA	0	1,703,278				11.00
13.00	01300	NURSING ADMINISTRATION	0	36,080	2,397,600			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,810	0	1,145,341		14.00
15.00	01500	PHARMACY	0	84,804	0	0	3,535,152	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	48,173	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	48,393	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	11,056	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,006,808	395,290	1,001,341	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	188,026	132,911	336,696	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	155,310	45,260	114,649	0	0	41.00
43.00	04300	NURSERY	0	16,815	42,568	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	157,449	398,878	0	0	50.00
51.00	05100	RECOVERY ROOM	9,083	19,375	49,097	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43,009	108,927	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,267	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	98,618	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	8,341	0	0	0	56.00
57.00	05700	CT SCAN	0	22,751	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	16,564	48,857	0	0	0	59.00
60.00	06000	LABORATORY	0	118,192	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,885	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	54,396	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	31,468	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	17,124	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	644,639	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	500,702	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,535,152	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	13,792	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	10,747	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	2,538	0	0	0	76.02
76.03	03950	SLEEP LAB	114	8,672	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	6,929	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	13,395	0	0	0	90.00
91.00	09100	EMERGENCY	30,245	136,375	345,444	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	0	26,238	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,406,150	1,694,010	2,397,600	1,145,341	3,535,152	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,641	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,634	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	993	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,406,150	1,703,278	2,397,600	1,145,341	3,535,152	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
			16.00	17.00			21.00
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMI TTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06	
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 DI ETARY						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	1,961,145					16.00	
17.00 01700 SOCIAL SERVICE	0	3,393,537				17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,708,159			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	174,624		22.00	
23.00 02300 PARAMED PRGM	0	0	0	0	606,537	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	582,708	2,984,999	1,108,511	113,322	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	135,086	292,213	210,235	21,492	0	31.00	
41.00 04100 SUBPROVIDER - IIRF	94,520	110,471	0	0	0	41.00	
43.00 04300 NURSERY	50,557	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	124,095	0	82,422	8,426	0	50.00	
51.00 05100 RECOVERY ROOM	13,589	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,995	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	26,378	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	160,664	0	38,225	3,908	0	54.00	
56.00 05600 RADIOISOTOPE	14,788	0	0	0	0	56.00	
57.00 05700 CT SCAN	134,287	0	0	0	0	57.00	
59.00 05900 CARDIAC CATHETERIZATION	92,722	0	0	0	0	59.00	
60.00 06000 LABORATORY	133,288	0	0	0	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	2,997	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	8,793	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	46,161	0	31,057	3,175	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	4,196	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	2,798	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	25,778	0	16,723	1,710	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	606,537	73.00	
74.00 07400 RENAL DIALYSIS	599	0	0	0	0	74.00	
76.00 03952 PAIN MANAGEMENT	33,172	0	0	0	0	76.00	
76.01 03951 OP CARDIO VASCULAR	44,762	0	0	0	0	76.01	
76.02 03953 ANCILLARY PSYCH	3,197	0	0	0	0	76.02	
76.03 03950 SLEEP LAB	9,392	0	0	0	0	76.03	
76.04 03650 VASCULAR LAB	7,594	0	0	0	0	76.04	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	27,976	0	103,923	10,624	0	90.00	
91.00 09100 EMERGENCY	136,685	5,854	117,063	11,967	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
93.00 04950 OTHER OP	38,368	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,961,145	3,393,537	1,708,159	174,624	606,537	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 WELLNESS/SENIOR VIP	0	0	0	0	0	193.01	
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)	1,961,145	3,393,537	1,708,159	174,624	606,537	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/21/2016 4:03 pm
Cost Center	Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		24.00	25.00	26.00
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540 NONPATIENT TELEPHONES			5.01
5.02	00550 DATA PROCESSING			5.02
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.04	00570 ADMI TTING			5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL			5.06
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
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	27,502,595	-1,221,833	26,280,762
31.00	03100 INTENSIVE CARE UNIT	8,861,409	-231,727	8,629,682
41.00	04100 SUBPROVIDER - IRF	2,972,978	0	2,972,978
43.00	04300 NURSERY	965,087	0	965,087
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	13,814,360	-90,848	13,723,512
51.00	05100 RECOVERY ROOM	1,207,602	0	1,207,602
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,289,811	0	2,289,811
53.00	05300 ANESTHESIOLOGY	531,665	0	531,665
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,333,885	-42,133	6,291,752
56.00	05600 RADIOISOTOPE	1,064,394	0	1,064,394
57.00	05700 CT SCAN	1,938,361	0	1,938,361
59.00	05900 CARDIAC CATHETERIZATION	5,012,438	0	5,012,438
60.00	06000 LABORATORY	8,032,718	0	8,032,718
64.00	06400 INTRAVENOUS THERAPY	341,581	0	341,581
65.00	06500 RESPIRATORY THERAPY	2,325,984	0	2,325,984
66.00	06600 PHYSICAL THERAPY	5,870,706	-34,232	5,836,474
67.00	06700 OCCUPATIONAL THERAPY	569,158	0	569,158
68.00	06800 SPEECH PATHOLOGY	457,225	0	457,225
69.00	06900 ELECTROCARDIOLOGY	1,439,711	-18,433	1,421,278
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,412,073	0	12,412,073
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,747,529	0	9,747,529
73.00	07300 DRUGS CHARGED TO PATIENTS	10,417,054	0	10,417,054
74.00	07400 RENAL DIALYSIS	609,608	0	609,608
76.00	03952 PAIN MANAGEMENT	875,125	0	875,125
76.01	03951 OP CARDIO VASCULAR	1,170,911	0	1,170,911
76.02	03953 ANCILLARY PSYCH	225,176	0	225,176
76.03	03950 SLEEP LAB	671,675	0	671,675
76.04	03650 VASCULAR LAB	513,844	0	513,844
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	21,222,544	-114,547	21,107,997
91.00	09100 EMERGENCY	9,847,455	-129,030	9,718,425
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	
93.00	04950 OTHER OP	1,479,829	0	1,479,829
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	0
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	160,724,491	-1,882,783	158,841,708
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	236,467	0	236,467
192.00	19200 PHYSICIANS' PRIVATE OFFICES	8,690,057	0	8,690,057
193.00	19300 NONPAID WORKERS	0	0	0
193.01	19301 WELLNESS/SENIOR VIP	122,239	0	122,239
200.00	Cross Foot Adjustments	0	0	0
201.00	Negative Cost Centers	-5,909	0	-5,909
202.00	TOTAL (sum lines 118-201)	169,767,345	-1,882,783	167,884,562

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

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

Worksheet B
Part II
Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01 00540	NONPATIENT TELEPHONES	0	4,652	3,189	7,841	5.01
5.02 00550	DATA PROCESSING	0	166,576	975,029	1,141,605	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	15,393	1,874	17,267	5.03
5.04 00570	ADMINISTRATIVE	0	32,119	3,384	35,503	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	0	2,602,884	133,126	2,736,010	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	35,545	37,136	72,681	6.00
7.00 00700	OPERATION OF PLANT	0	862,035	71,231	933,266	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	215,846	6,065	221,911	8.00
9.00 00900	HOUSEKEEPING	0	74,624	40,621	115,245	9.00
10.00 01000	DIETARY	0	323,672	17,025	340,697	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	38,493	53,795	92,288	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	153,757	133,310	287,067	14.00
15.00 01500	PHARMACY	0	90,213	3,473	93,686	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	74,233	15,098	89,331	16.00
17.00 01700	SOCIAL SERVICE	0	52,625	14,901	67,526	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,240,605	483,594	1,724,199	30.00
31.00 03100	INTENSIVE CARE UNIT	0	180,798	195,335	376,133	31.00
41.00 04100	SUBPROVIDER - I RF	0	177,425	24,848	202,273	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	696,489	1,312,593	2,009,082	50.00
51.00 05100	RECOVERY ROOM	0	55,484	35,433	90,917	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	15,092	122,804	137,896	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	225,878	494,946	720,824	54.00
56.00 05600	RADIOLOGY-SOTOPE	0	49,501	10,384	59,885	56.00
57.00 05700	CT SCAN	0	58,147	9,535	67,682	57.00
59.00 05900	CARDIAC CATHETERIZATION	0	262,151	682,631	944,782	59.00
60.00 06000	LABORATORY	0	220,462	148,868	369,330	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	4,867	4,867	64.00
65.00 06500	RESPIRATORY THERAPY	0	89,627	40,103	129,730	65.00
66.00 06600	PHYSICAL THERAPY	0	364,117	37,429	401,546	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	236	236	67.00
68.00 06800	SPEECH PATHOLOGY	0	11,683	5,591	17,274	68.00
69.00 06900	ELECTROCARDIOLOGY	0	52,661	93,570	146,231	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	19,548	0	19,548	74.00
76.00 03952	PAIN MANAGEMENT	0	55,892	23,450	79,342	76.00
76.01 03951	OP CARDIO VASCULAR	0	39,167	107,238	146,405	76.01
76.02 03953	ANCILLARY PSYCH	0	34,853	0	34,853	76.02
76.03 03950	SLEEP LAB	0	60,384	40,823	101,207	76.03
76.04 03650	VASCULAR LAB	0	19,672	867	20,539	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	353,677	81,775	435,452	90.00
91.00 09100	EMERGENCY	0	213,236	117,216	330,452	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04950	OTHER OP	0	0	1,977	1,977	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	9,239,216	5,585,370	14,824,586	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,216	3,184	18,400	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	2,805,308	22,891	2,828,199	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
193.01 19301	WELLNESS/SENIOR VIP	0	0	0	0	193.01
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

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

Worksheet B
Part II
Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
202.00 TOTAL (sum lines 118-201)	0	12,059,740	5,611,445	17,671,185	4.00	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/21/2016 4:03 pm		
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE
		5.01	5.02	5.03	5.04	5.05
GENERAL SERVICE COST CENTERS						
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540 NONPATIENT TELEPHONES	7,841				5.01
5.02	00550 DATA PROCESSING	169	1,141,774			5.02
5.03	00560 PURCHASING RECEIVING AND STORES	49	0	17,316		5.03
5.04	00570 ADMINISTRATIVE	98	0	0	35,601	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	151	0	0	0	151
5.06	00590 OTHER ADMINISTRATIVE & GENERAL	294	1,141,774	0	0	0
6.00	00600 MAINTENANCE & REPAIRS	30	0	0	0	0
7.00	00700 OPERATION OF PLANT	75	0	0	0	0
8.00	00800 LAUNDRY & LINEN SERVICE	19	0	0	0	0
9.00	00900 HOUSEKEEPING	15	0	0	0	0
10.00	01000 DIETARY	98	0	0	0	0
11.00	01100 CAFETERIA	0	0	0	0	0
13.00	01300 NURSING ADMINISTRATION	53	0	0	0	0
14.00	01400 CENTRAL SERVICES & SUPPLY	60	0	0	0	0
15.00	01500 PHARMACY	83	0	0	0	0
16.00	01600 MEDICAL RECORDS & LIBRARY	166	0	0	0	0
17.00	01700 SOCIAL SERVICE	121	0	0	121	0
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
23.00	02300 PARAMED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	704	0	0	2,388	0
31.00	03100 INTENSIVE CARE UNIT	147	0	0	749	0
41.00	04100 SUBPROVIDER - IRF	105	0	0	267	0
43.00	04300 NURSERY	0	0	0	119	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	674	0	0	3,384	0
51.00	05100 RECOVERY ROOM	41	0	0	361	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	371	0
53.00	05300 ANESTHESIOLOGY	41	0	0	876	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	188	0	0	3,312	0
56.00	05600 RADIOISOTOPE	26	0	0	380	0
57.00	05700 CT SCAN	34	0	0	2,958	0
59.00	05900 CARDIAC CATHETERIZATION	143	0	0	2,054	0
60.00	06000 LABORATORY	117	0	0	3,912	151
64.00	06400 INTRAVENOUS THERAPY	0	0	0	65	0
65.00	06500 RESPIRATORY THERAPY	38	0	0	960	0
66.00	06600 PHYSICAL THERAPY	147	0	0	1,203	0
67.00	06700 OCCUPATIONAL THERAPY	11	0	0	150	0
68.00	06800 SPEECH PATHOLOGY	15	0	0	110	0
69.00	06900 ELECTROCARDIOLOGY	34	0	0	908	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	963	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,316	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	2,394	0
74.00	07400 RENAL DIALYSIS	11	0	0	115	0
76.00	03952 PAIN MANAGEMENT	0	0	0	597	0
76.01	03951 OP CARDIO VASCULAR	0	0	0	814	0
76.02	03953 ANCILLARY PSYCH	30	0	0	59	0
76.03	03950 SLEEP LAB	64	0	0	178	0
76.04	03650 VASCULAR LAB	19	0	0	239	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	934	0	0	485	0
91.00	09100 EMERGENCY	136	0	0	3,208	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04950 OTHER OP	38	0	0	706	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,178	1,141,774	0	35,601	151
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,663	0	0	0	0
193.00	19300 NONPAID WORKERS	0	0	0	0	0
193.01	19301 WELLNESS/SENIOR VIP	0	0	0	0	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers	0	0	17,316	0	0
202.00	TOTAL (sum lines 118-201)	7,841	1,141,774	17,316	35,601	151

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140187		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/21/2016 4:03 pm	
Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	3,878,078					5.06
6.00	00600	MAINTENANCE & REPAIRS	54,867	127,578				6.00
7.00	00700	OPERATION OF PLANT	168,376	11,951	1,113,668			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	32,045	2,992	28,821	285,788		8.00
9.00	00900	HOUSEKEEPING	57,705	1,035	9,964	9,614	193,578	9.00
10.00	01000	DIETARY	22,923	4,487	43,218	1,427	1,095	10.00
11.00	01100	CAFETERIA	38,907	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	52,786	534	5,140	0	402	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,242	2,132	20,530	14	822	14.00
15.00	01500	PHARMACY	76,108	1,251	12,046	251	822	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	41,149	1,029	9,912	0	1,780	16.00
17.00	01700	SOCIAL SERVICE	74,934	730	7,027	0	219	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	39,018	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	3,989	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	13,602	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	399,255	17,199	165,651	123,508	47,984	30.00
31.00	03100	INTENSIVE CARE UNIT	161,152	2,506	24,141	24,248	9,968	31.00
41.00	04100	SUBPROVIDER - IRF	47,799	2,460	23,691	10,475	6,646	41.00
43.00	04300	NURSERY	18,532	0	0	2,514	2,122	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	258,383	9,656	92,998	26,448	55,274	50.00
51.00	05100	RECOVERY ROOM	23,555	769	7,408	1,933	657	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,511	0	0	0	13,291	52.00
53.00	05300	ANESTHESIOLOGY	10,971	209	2,015	178	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	128,680	3,131	30,160	9,178	5,892	54.00
56.00	05600	RADIOISOTOPE	22,014	686	6,610	850	1,059	56.00
57.00	05700	CT SCAN	38,331	806	7,764	4,097	826	57.00
59.00	05900	CARDIAC CATHETERIZATION	97,020	3,634	35,004	9,369	17,800	59.00
60.00	06000	LABORATORY	171,148	3,056	29,437	22	2,191	60.00
64.00	06400	INTRAVENOUS THERAPY	7,577	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	49,054	1,243	11,967	38	730	65.00
66.00	06600	PHYSICAL THERAPY	119,413	5,048	48,619	12,825	2,191	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,905	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,717	162	1,560	40	1,095	68.00
69.00	06900	ELECTROCARDIOLOGY	29,201	730	7,032	2,008	1,935	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	268,797	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	211,220	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	143,345	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,100	271	2,610	222	822	74.00
76.00	03952	PAIN MANAGEMENT	16,858	775	7,463	2,846	593	76.00
76.01	03951	OP CARDIO VASCULAR	24,333	543	5,230	731	0	76.01
76.02	03953	ANCILLARY PSYCH	4,080	483	4,654	0	0	76.02
76.03	03950	SLEEP LAB	12,437	837	8,063	1,518	2,136	76.03
76.04	03650	VASCULAR LAB	10,129	273	2,627	1,063	1,935	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	471,226	4,903	47,225	4,260	0	90.00
91.00	09100	EMERGENCY	192,446	2,956	28,472	35,512	13,291	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	32,248	0	0	599	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,747,088	88,477	737,059	285,788	193,578	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,911	211	2,032	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	123,309	38,890	374,577	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	2,770	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,878,078	127,578	1,113,668	285,788	193,578	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140187		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/21/2016 4:03 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	413,945					10.00
11.00	01100	0	38,907				11.00
13.00	01300	0	824	152,027			13.00
14.00	01400	0	544	0	332,411		14.00
15.00	01500	0	1,937	0	0	186,184	15.00
16.00	01600	0	1,100	0	0	0	16.00
17.00	01700	0	1,105	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	253	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	296,386	9,029	63,493	0	0	30.00
31.00	03100	55,351	3,036	21,349	0	0	31.00
41.00	04100	45,720	1,034	7,270	0	0	41.00
43.00	04300	0	384	2,699	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	3,597	25,292	0	0	50.00
51.00	05100	2,674	443	3,113	0	0	51.00
52.00	05200	0	982	6,907	0	0	52.00
53.00	05300	0	143	0	0	0	53.00
54.00	05400	0	2,253	0	0	0	54.00
56.00	05600	0	191	0	0	0	56.00
57.00	05700	0	520	0	0	0	57.00
59.00	05900	4,876	1,116	0	0	0	59.00
60.00	06000	0	2,700	0	0	0	60.00
64.00	06400	0	157	0	0	0	64.00
65.00	06500	0	1,243	0	0	0	65.00
66.00	06600	0	719	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	391	0	0	0	69.00
71.00	07100	0	0	0	187,097	0	71.00
72.00	07200	0	0	0	145,314	0	72.00
73.00	07300	0	0	0	0	186,184	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03952	0	315	0	0	0	76.00
76.01	03951	0	245	0	0	0	76.01
76.02	03953	0	58	0	0	0	76.02
76.03	03950	34	198	0	0	0	76.03
76.04	03650	0	158	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	306	0	0	0	90.00
91.00	09100	8,904	3,115	21,904	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	599	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		413,945	38,695	152,027	332,411	186,184	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	83	0	0	0	190.00
192.00	19200	0	106	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	23	0	0	0	193.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		413,945	38,907	152,027	332,411	186,184	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/21/2016 4:03 pm	
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
	16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
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	144,467				16.00
17.00 01700	SOCIAL SERVICE	0	151,662			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	39,018		21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	3,989	22.00
23.00 02300	PARAMED PRGM	0	0			13,855 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	42,926	133,404			30.00
31.00 03100	INTENSIVE CARE UNIT	9,951	13,059			31.00
41.00 04100	SUBPROVIDER - IRF	6,963	4,937			41.00
43.00 04300	NURSERY	3,724	0			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,141	0			50.00
51.00 05100	RECOVERY ROOM	1,001	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	442	0			52.00
53.00 05300	ANESTHESIOLOGY	1,943	0			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,835	0			54.00
56.00 05600	RADIOISOTOPE	1,089	0			56.00
57.00 05700	CT SCAN	9,892	0			57.00
59.00 05900	CARDIAC CATHETERIZATION	6,830	0			59.00
60.00 06000	LABORATORY	9,819	0			60.00
64.00 06400	INTRAVENOUS THERAPY	221	0			64.00
65.00 06500	RESPIRATORY THERAPY	648	0			65.00
66.00 06600	PHYSICAL THERAPY	3,400	0			66.00
67.00 06700	OCCUPATIONAL THERAPY	309	0			67.00
68.00 06800	SPEECH PATHOLOGY	206	0			68.00
69.00 06900	ELECTROCARDIOLOGY	1,899	0			69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00 07400	RENAL DIALYSIS	44	0			74.00
76.00 03952	PAIN MANAGEMENT	2,444	0			76.00
76.01 03951	OP CARDIO VASCULAR	3,297	0			76.01
76.02 03953	ANCILLARY PSYCH	236	0			76.02
76.03 03950	SLEEP LAB	692	0			76.03
76.04 03650	VASCULAR LAB	559	0			76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,061	0			90.00
91.00 09100	EMERGENCY	10,069	262			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04950	OTHER OP	2,826	0			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0			95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	144,467	151,662	0	0	0 118.00
NONREIMBURSABLE COST CENTERS						
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
193.01 19301	WELLNESS/SENIOR VIP	0	0			193.01
200.00	Cross Foot Adjustments			39,018	3,989	13,855 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	144,467	151,662	39,018	3,989	13,855 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

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

Worksheet B
Part II
Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540 NONPATIENT TELEPHONES				5.01
5.02	00550 DATA PROCESSING				5.02
5.03	00560 PURCHASING RECEIVING AND STORES				5.03
5.04	00570 ADMI TTING				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL				5.06
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
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300 PARAMED ED PRGM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	3,026,126	0	3,026,126	30.00
31.00	03100 INTENSIVE CARE UNIT	701,790	0	701,790	31.00
41.00	04100 SUBPROVIDER - IRF	359,640	0	359,640	41.00
43.00	04300 NURSERY	30,094	0	30,094	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	2,493,929	0	2,493,929	50.00
51.00	05100 RECOVERY ROOM	132,872	0	132,872	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	66,504	0	66,504	52.00
53.00	05300 ANESTHESIOLOGY	154,272	0	154,272	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	915,453	0	915,453	54.00
56.00	05600 RADIOISOTOPE	92,790	0	92,790	56.00
57.00	05700 CT SCAN	132,910	0	132,910	57.00
59.00	05900 CARDIAC CATHETERIZATION	1,122,628	0	1,122,628	59.00
60.00	06000 LABORATORY	591,883	0	591,883	60.00
64.00	06400 INTRAVENOUS THERAPY	12,887	0	12,887	64.00
65.00	06500 RESPIRATORY THERAPY	195,651	0	195,651	65.00
66.00	06600 PHYSICAL THERAPY	595,111	0	595,111	66.00
67.00	06700 OCCUPATIONAL THERAPY	13,611	0	13,611	67.00
68.00	06800 SPEECH PATHOLOGY	30,179	0	30,179	68.00
69.00	06900 ELECTROCARDIOLOGY	190,369	0	190,369	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	456,857	0	456,857	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	357,850	0	357,850	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	331,923	0	331,923	73.00
74.00	07400 RENAL DIALYSIS	36,743	0	36,743	74.00
76.00	03952 PAIN MANAGEMENT	111,233	0	111,233	76.00
76.01	03951 OP CARDIO VASCULAR	181,598	0	181,598	76.01
76.02	03953 ANCILLARY PSYCH	44,453	0	44,453	76.02
76.03	03950 SLEEP LAB	127,364	0	127,364	76.03
76.04	03650 VASCULAR LAB	37,541	0	37,541	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	966,852	0	966,852	90.00
91.00	09100 EMERGENCY	650,727	0	650,727	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
93.00	04950 OTHER OP	38,993	0	38,993	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	14,200,833	0	14,200,833	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,637	0	25,637	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,367,744	0	3,367,744	192.00
193.00	19300 NONPAID WORKERS	0	0	0	193.00
193.01	19301 WELLNESS/SENIOR VIP	2,793	0	2,793	193.01
200.00	Cross Foot Adjustments	56,862	0	56,862	200.00
201.00	Negative Cost Centers	17,316	0	17,316	201.00
202.00	TOTAL (sum lines 118-201)	17,671,185	0	17,671,185	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)		
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	679,235					1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		5,015,619				2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	55,014,046			4.00	
5.01 00540 NONPATIENT TELEPHONES	262	2,850	229,663	2,082		5.01	
5.02 00550 DATA PROCESSING	9,382	871,500	19,130	45	1,000	5.02	
5.03 00560 PURCHASING RECEIVING AND STORES	867	1,675	170,277	13	0	5.03	
5.04 00570 ADMINITTING	1,809	3,025	996,836	26	0	5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	846,434	40	0	5.05	
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	146,601	118,991	5,774,446	78	1,000	5.06	
6.00 00600 MAINTENANCE & REPAIRS	2,002	33,193	301,824	8	0	6.00	
7.00 00700 OPERATION OF PLANT	48,552	63,668	1,514,384	20	0	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	12,157	5,421	96,636	5	0	8.00	
9.00 00900 HOUSEKEEPING	4,203	36,308	1,129,890	4	0	9.00	
10.00 01000 DIETARY	18,230	15,217	296,334	26	0	10.00	
11.00 01100 CAFETERIA	0	0	792,708	0	0	11.00	
13.00 01300 NURSING ADMINISTRATION	2,168	48,083	1,321,729	14	0	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	8,660	119,155	324,213	16	0	14.00	
15.00 01500 PHARMACY	5,081	3,104	1,864,515	22	0	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	4,181	13,495	751,342	44	0	16.00	
17.00 01700 SOCIAL SERVICE	2,964	13,319	1,357,419	32	0	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM	0	0	371,786	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	69,874	432,246	9,339,791	187	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	10,183	174,594	3,953,714	39	0	31.00	
41.00 04100 SUBPROVIDER - IRF	9,993	22,210	1,120,392	28	0	41.00	
43.00 04300 NURSERY	0	0	513,697	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	39,228	1,173,221	4,387,366	179	0	50.00	
51.00 05100 RECOVERY ROOM	3,125	31,671	551,135	11	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	1,065,806	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	850	109,765	80,529	11	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,722	442,392	2,483,759	50	0	54.00	
56.00 05600 RADIO SOTOPE	2,788	9,281	325,532	7	0	56.00	
57.00 05700 CT SCAN	3,275	8,523	588,978	9	0	57.00	
59.00 05900 CARDIAC CATHETERIZATION	14,765	610,149	1,519,603	38	0	59.00	
60.00 06000 LABORATORY	12,417	133,061	2,465,874	31	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	4,350	203,410	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	5,048	35,845	1,278,946	10	0	65.00	
66.00 06600 PHYSICAL THERAPY	20,508	33,455	750,462	39	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	211	0	3	0	67.00	
68.00 06800 SPEECH PATHOLOGY	658	4,997	0	4	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	2,966	83,635	494,482	9	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	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	1,101	0	0	3	0	74.00	
76.00 03952 PAIN MANAGEMENT	3,148	20,960	322,447	0	0	76.00	
76.01 03951 OP CARDIO VASCULAR	2,206	95,851	385,572	0	0	76.01	
76.02 03953 ANCILLARY PSYCH	1,963	0	77,623	8	0	76.02	
76.03 03950 SLEEP LAB	3,401	36,488	237,655	17	0	76.03	
76.04 03650 VASCULAR LAB	1,108	775	237,683	5	0	76.04	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	19,920	73,092	283,142	248	0	90.00	
91.00 09100 EMERGENCY	12,010	104,770	3,295,919	36	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
93.00 04950 OTHER OP	0	1,767	801,369	10	0	93.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)					1,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	857	2,846	47,493	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	158,002	20,460	1,375	707	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 WELLNESS/SENIOR VIP	0	0	40,726	0	0	193.01	
200.00	Cross Foot Adjustments					200.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	12,059,740	5,611,445	12,771,631	291,342	1,188,830	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.754886	1.118794	0.232152	139.933718	1,188.830000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0	7,841	1,141,774	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000	3.766090	1,141.774000	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet B-1 Date/Time Prepared: 11/21/2016 4:03 pm		
Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES	355,904				5.03
5.04 00570	ADMINISTRATIVE	22,419	641,343,962			5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	243	0	641,343,962		5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	28,192	0	0	-33,577,716	5.06
6.00 00600	MAINTENANCE & REPAIRS	131	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	19,727	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,652	0	0	0	8.00
9.00 00900	HOUSEKEEPING	191	0	0	0	9.00
10.00 01000	DIETARY	1,041	0	0	0	10.00
11.00 01100	CAFETERIA	3,438	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	3,255	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,552	0	0	0	14.00
15.00 01500	PHARMACY	8,706	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,628	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	427	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	13,068	42,645,880	42,645,880	0	30.00
31.00 03100	INTENSIVE CARE UNIT	14,305	13,377,657	13,377,657	0	31.00
41.00 04100	SUBPROVIDER - IRF	3,512	4,761,518	4,761,518	0	41.00
43.00 04300	NURSERY	0	2,119,935	2,119,935	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	37,524	60,432,830	60,432,830	0	50.00
51.00 05100	RECOVERY ROOM	482	6,441,781	6,441,781	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	6,627,051	6,627,051	0	52.00
53.00 05300	ANESTHESIOLOGY	756	15,639,129	15,639,129	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,682	59,139,400	59,139,400	0	54.00
56.00 05600	RADIOISOTOPE	1,619	6,779,063	6,779,063	0	56.00
57.00 05700	CT SCAN	7,701	52,814,423	52,814,423	0	57.00
59.00 05900	CARDIAC CATHETERIZATION	8,267	36,680,664	36,680,664	0	59.00
60.00 06000	LABORATORY	8,626	75,516,433	75,516,433	0	60.00
64.00 06400	INTRAVENOUS THERAPY	329	1,164,341	1,164,341	0	64.00
65.00 06500	RESPIRATORY THERAPY	4,619	17,137,384	17,137,384	0	65.00
66.00 06600	PHYSICAL THERAPY	4,697	21,480,013	21,480,013	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	2,674,460	2,674,460	0	67.00
68.00 06800	SPEECH PATHOLOGY	141	1,960,059	1,960,059	0	68.00
69.00 06900	ELECTROCARDIOLOGY	6,912	16,222,578	16,222,578	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,188,272	17,188,272	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	23,505,849	23,505,849	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	42,756,229	42,756,229	0	73.00
74.00 07400	RENAL DIALYSIS	299	2,049,415	2,049,415	0	74.00
76.00 03952	PAIN MANAGEMENT	6,425	10,653,186	10,653,186	0	76.00
76.01 03951	OP CARDIO VASCULAR	663	14,530,307	14,530,307	0	76.01
76.02 03953	ANCILLARY PSYCH	27	1,045,561	1,045,561	0	76.02
76.03 03950	SLEEP LAB	593	3,176,981	3,176,981	0	76.03
76.04 03650	VASCULAR LAB	268	4,267,994	4,267,994	0	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,466	8,656,587	8,656,587	0	90.00
91.00 09100	EMERGENCY	4,364	57,289,714	57,289,714	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04950	OTHER OP	14,885	12,609,268	12,609,268	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	260,832	641,343,962	641,343,962	-33,577,716	131,595,206
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	85,659	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	8,776	0	0	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
193.01 19301	WELLNESS/SENIOR VIP	637	0	0	0	193.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
202.00	Cost to be allocated (per Wkst. B, Part I)	-5,909	1,410,582	4,005,309		33,577,716	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.002199	0.006245		0.246540	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	17,316	35,601	151		3,878,078	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.048654	0.000056	0.000000		0.028474	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140187		Period: From 07/01/2015 To 06/30/2016		Worksheet B-1	
Date/Time Prepared: 11/21/2016 4:03 pm							
Cost Center	Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	518,312					6.00
7.00	00700	48,552	469,760				7.00
8.00	00800	12,157	12,157	1,251,027			8.00
9.00	00900	4,203	4,203	42,086	42,412		9.00
10.00	01000	18,230	18,230	6,248	240	122,924	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	2,168	2,168	0	88	0	13.00
14.00	01400	8,660	8,660	60	180	0	14.00
15.00	01500	5,081	5,081	1,099	180	0	15.00
16.00	01600	4,181	4,181	0	390	0	16.00
17.00	01700	2,964	2,964	0	48	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	69,874	69,874	540,652	10,513	88,014	30.00
31.00	03100	10,183	10,183	106,143	2,184	16,437	31.00
41.00	04100	9,993	9,993	45,854	1,456	13,577	41.00
43.00	04300	0	0	11,004	465	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	39,228	39,228	115,775	12,110	0	50.00
51.00	05100	3,125	3,125	8,460	144	794	51.00
52.00	05200	0	0	0	2,912	0	52.00
53.00	05300	850	850	778	0	0	53.00
54.00	05400	12,722	12,722	40,177	1,291	0	54.00
56.00	05600	2,788	2,788	3,723	232	0	56.00
57.00	05700	3,275	3,275	17,933	181	0	57.00
59.00	05900	14,765	14,765	41,011	3,900	1,448	59.00
60.00	06000	12,417	12,417	97	480	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	5,048	5,048	167	160	0	65.00
66.00	06600	20,508	20,508	56,141	480	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	658	658	174	240	0	68.00
69.00	06900	2,966	2,966	8,791	424	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	1,101	1,101	973	180	0	74.00
76.00	03952	3,148	3,148	12,458	130	0	76.00
76.01	03951	2,206	2,206	3,200	0	0	76.01
76.02	03953	1,963	1,963	0	0	0	76.02
76.03	03950	3,401	3,401	6,645	468	10	76.03
76.04	03650	1,108	1,108	4,655	424	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	19,920	19,920	18,649	0	0	90.00
91.00	09100	12,010	12,010	155,454	2,912	2,644	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	0	2,620	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		359,453	310,901	1,251,027	42,412	122,924	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	857	857	0	0	0	190.00
192.00	19200	158,002	158,002	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	0	193.01
200.00							200.00
201.00							201.00
202.00		2,401,959	7,596,210	1,655,809	2,669,384	1,406,150	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	4.634195	16.170406	1.323560	62.939357	11.439182	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	127,578	1,113,668	285,788	193,578	413,945	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.246141	2.370717	0.228443	4.564227	3.367487	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
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	77,186					11.00
13.00	01300	1,635	892,107				13.00
14.00	01400	1,079	0	16,514,451			14.00
15.00	01500	3,843	0	0	1,000		15.00
16.00	01600	2,183	0	0	0	9,814	16.00
17.00	01700	2,193	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	501	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	17,913	372,582	0	0	2,916	30.00
31.00	03100	6,023	125,279	0	0	676	31.00
41.00	04100	2,051	42,659	0	0	473	41.00
43.00	04300	762	15,839	0	0	253	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,135	148,416	0	0	621	50.00
51.00	05100	878	18,268	0	0	68	51.00
52.00	05200	1,949	40,530	0	0	30	52.00
53.00	05300	284	0	0	0	132	53.00
54.00	05400	4,469	0	0	0	804	54.00
56.00	05600	378	0	0	0	74	56.00
57.00	05700	1,031	0	0	0	672	57.00
59.00	05900	2,214	0	0	0	464	59.00
60.00	06000	5,356	0	0	0	667	60.00
64.00	06400	312	0	0	0	15	64.00
65.00	06500	2,465	0	0	0	44	65.00
66.00	06600	1,426	0	0	0	231	66.00
67.00	06700	0	0	0	0	21	67.00
68.00	06800	0	0	0	0	14	68.00
69.00	06900	776	0	0	0	129	69.00
71.00	07100	0	0	9,294,939	0	0	71.00
72.00	07200	0	0	7,219,512	0	0	72.00
73.00	07300	0	0	0	1,000	0	73.00
74.00	07400	0	0	0	0	3	74.00
76.00	03952	625	0	0	0	166	76.00
76.01	03951	487	0	0	0	224	76.01
76.02	03953	115	0	0	0	16	76.02
76.03	03950	393	0	0	0	47	76.03
76.04	03650	314	0	0	0	38	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	607	0	0	0	140	90.00
91.00	09100	6,180	128,534	0	0	684	91.00
92.00	09200						92.00
93.00	04950	1,189	0	0	0	192	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00							
	SUBTOTALS (SUM OF LINES 1-117)	76,766	892,107	16,514,451	1,000	9,814	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	165	0	0	0	0	190.00
192.00	19200	210	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	45	0	0	0	0	193.01
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,703,278	2,397,600	1,145,341	3,535,152	1,961,145	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.067188	2.687570	0.069354	3,535.152000	199.831363	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	38,907	152,027	332,411	186,184	144,467	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.504068	0.170413	0.020128	186.184000	14.720501	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (TIME SPENT)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
		17.00	21.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00560	PURCHASING RECEIVING AND STORES				5.03
5.04 00570	ADMINISTRATIVE				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL				5.06
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	26,664			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,430		21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		1,430	22.00
23.00 02300	PARAMED PRGM	0		1,000	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	23,454	928	928	0
31.00 03100	INTENSIVE CARE UNIT	2,296	176	176	0
41.00 04100	SUBPROVIDER - IRF	868	0	0	0
43.00 04300	NURSERY	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	69	69	0
51.00 05100	RECOVERY ROOM	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	32	32	0
56.00 05600	RADIOISOTOPE	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00 06000	LABORATORY	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	26	26	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	14	14	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,000
74.00 07400	RENAL DIALYSIS	0	0	0	0
76.00 03952	PAIN MANAGEMENT	0	0	0	0
76.01 03951	OP CARDIO VASCULAR	0	0	0	0
76.02 03953	ANCILLARY PSYCH	0	0	0	0
76.03 03950	SLEEP LAB	0	0	0	0
76.04 03650	VASCULAR LAB	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	87	87	0
91.00 09100	EMERGENCY	46	98	98	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				
93.00 04950	OTHER OP	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	26,664	1,430	1,430	1,000
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
193.00 19300	NONPAID WORKERS	0	0	0	0
193.01 19301	WELLNESS/SENIOR VIP	0	0	0	0
200.00	Cross Foot Adjustments				
201.00	Negative Cost Centers				

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1
Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (TIME SPENT)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
		17.00	21.00			
202.00	Cost to be allocated (per Wkst. B, Part I)	3,393,537	1,708,159	174,624	606,537	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	127.270365	1,194.516783	122.114685	606.537000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	151,662	39,018	3,989	13,855	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.687894	27.285315	2.789510	13.855000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140187

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

Worksheet C
Part I
Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	26,280,762		26,280,762	886	26,281,648	30.00
31.00	03100 INTENSIVE CARE UNIT	8,629,682		8,629,682	23,386	8,653,068	31.00
41.00	04100 SUBPROVIDER - IRF	2,972,978		2,972,978	29,200	3,002,178	41.00
43.00	04300 NURSERY	965,087		965,087	0	965,087	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	13,723,512		13,723,512	1,631	13,725,143	50.00
51.00	05100 RECOVERY ROOM	1,207,602		1,207,602	0	1,207,602	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,289,811		2,289,811	0	2,289,811	52.00
53.00	05300 ANESTHESIOLOGY	531,665		531,665	0	531,665	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,291,752		6,291,752	0	6,291,752	54.00
56.00	05600 RADIO SOTOPE	1,064,394		1,064,394	0	1,064,394	56.00
57.00	05700 CT SCAN	1,938,361		1,938,361	0	1,938,361	57.00
59.00	05900 CARDIAC CATHETERIZATION	5,012,438		5,012,438	15,533	5,027,971	59.00
60.00	06000 LABORATORY	8,032,718		8,032,718	0	8,032,718	60.00
64.00	06400 INTRAVENOUS THERAPY	341,581		341,581	0	341,581	64.00
65.00	06500 RESPIRATORY THERAPY	2,325,984	0	2,325,984	1,493	2,327,477	65.00
66.00	06600 PHYSICAL THERAPY	5,836,474	0	5,836,474	7,267	5,843,741	66.00
67.00	06700 OCCUPATIONAL THERAPY	569,158	0	569,158	0	569,158	67.00
68.00	06800 SPEECH PATHOLOGY	457,225	0	457,225	0	457,225	68.00
69.00	06900 ELECTROCARDIOLOGY	1,421,278		1,421,278	0	1,421,278	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,412,073		12,412,073	0	12,412,073	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,747,529		9,747,529	0	9,747,529	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,417,054		10,417,054	0	10,417,054	73.00
74.00	07400 RENAL DIALYSIS	609,608		609,608	0	609,608	74.00
76.00	03952 PAIN MANAGEMENT	875,125		875,125	0	875,125	76.00
76.01	03951 OP CARDIO VASCULAR	1,170,911		1,170,911	10,323	1,181,234	76.01
76.02	03953 ANCILLARY PSYCH	225,176		225,176	0	225,176	76.02
76.03	03950 SLEEP LAB	671,675		671,675	0	671,675	76.03
76.04	03650 VASCULAR LAB	513,844		513,844	5,309	519,153	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	21,107,997		21,107,997	0	21,107,997	90.00
91.00	09100 EMERGENCY	9,718,425		9,718,425	0	9,718,425	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,375,894		3,375,894	0	3,375,894	92.00
93.00	04950 OTHER OP	1,479,829		1,479,829	0	1,479,829	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00	Subtotal (see instructions)	162,217,602	0	162,217,602	95,028	162,312,630	200.00
201.00	Less Observation Beds	3,375,894		3,375,894		3,375,894	201.00
202.00	Total (see instructions)	158,841,708	0	158,841,708	95,028	158,936,736	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140187		Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/21/2016 4:03 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			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,714,591		34,714,591		30.00	
31.00	03100	INTENSIVE CARE UNIT	13,377,657		13,377,657		31.00	
41.00	04100	SUBPROVIDER - IRF	4,761,518		4,761,518		41.00	
43.00	04300	NURSERY	2,119,935		2,119,935		43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,557,053	34,875,777	60,432,830	0.227087	50.00	
51.00	05100	RECOVERY ROOM	2,110,142	4,331,639	6,441,781	0.187464	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,986,562	1,640,489	6,627,051	0.345525	52.00	
53.00	05300	ANESTHESIOLOGY	7,252,295	8,386,834	15,639,129	0.033996	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,167,835	50,971,565	59,139,400	0.106388	54.00	
56.00	05600	RADIOISOTOPE	2,055,180	4,723,883	6,779,063	0.157012	56.00	
57.00	05700	CT SCAN	12,602,366	40,212,057	52,814,423	0.036701	57.00	
59.00	05900	CARDIAC CATHETERIZATION	19,576,309	17,104,355	36,680,664	0.136651	59.00	
60.00	06000	LABORATORY	32,563,163	42,953,270	75,516,433	0.106370	60.00	
64.00	06400	INTRAVENOUS THERAPY	674,349	489,992	1,164,341	0.293369	64.00	
65.00	06500	RESPIRATORY THERAPY	14,504,289	2,633,095	17,137,384	0.135726	65.00	
66.00	06600	PHYSICAL THERAPY	5,075,530	16,404,483	21,480,013	0.271717	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,626,634	47,826	2,674,460	0.212812	67.00	
68.00	06800	SPEECH PATHOLOGY	1,514,774	445,285	1,960,059	0.233271	68.00	
69.00	06900	ELECTROCARDIOLOGY	8,647,816	7,574,762	16,222,578	0.087611	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,847,505	6,340,767	17,188,272	0.722125	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,544,824	11,961,025	23,505,849	0.414685	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	23,884,427	18,871,802	42,756,229	0.243638	73.00	
74.00	07400	RENAL DIALYSIS	1,858,006	191,409	2,049,415	0.297455	74.00	
76.00	03952	PAIN MANAGEMENT	491	10,652,695	10,653,186	0.082147	76.00	
76.01	03951	OP CARDIO VASCULAR	30,958	14,499,349	14,530,307	0.080584	76.01	
76.02	03953	ANCILLARY PSYCH	4,499	1,041,062	1,045,561	0.215364	76.02	
76.03	03950	SLEEP LAB	242,546	2,934,435	3,176,981	0.211419	76.03	
76.04	03650	VASCULAR LAB	1,820,443	2,447,551	4,267,994	0.120395	76.04	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,956	8,641,631	8,656,587	2.438374	90.00	
91.00	09100	EMERGENCY	13,221,468	44,068,246	57,289,714	0.169636	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,329,277	6,602,012	7,931,289	0.425643	92.00	
93.00	04950	OTHER OP	18,496	12,590,772	12,609,268	0.117360	93.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00	
200.00		Subtotal (see instructions)	267,705,894	373,638,068	641,343,962		200.00	
201.00		Less Observation Beds					201.00	
202.00		Total (see instructions)	267,705,894	373,638,068	641,343,962		202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/21/2016 4:03 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.227114		50.00
51.00	05100 RECOVERY ROOM	0.187464		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.345525		52.00
53.00	05300 ANESTHESIOLOGY	0.033996		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106388		54.00
56.00	05600 RADIOISOTOPE	0.157012		56.00
57.00	05700 CT SCAN	0.036701		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.137074		59.00
60.00	06000 LABORATORY	0.106370		60.00
64.00	06400 INTRAVENOUS THERAPY	0.293369		64.00
65.00	06500 RESPIRATORY THERAPY	0.135813		65.00
66.00	06600 PHYSICAL THERAPY	0.272055		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.212812		67.00
68.00	06800 SPEECH PATHOLOGY	0.233271		68.00
69.00	06900 ELECTROCARDIOLOGY	0.087611		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.722125		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.414685		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.243638		73.00
74.00	07400 RENAL DIALYSIS	0.297455		74.00
76.00	03952 PAIN MANAGEMENT	0.082147		76.00
76.01	03951 OP CARDIO VASCULAR	0.081294		76.01
76.02	03953 ANCILLARY PSYCH	0.215364		76.02
76.03	03950 SLEEP LAB	0.211419		76.03
76.04	03650 VASCULAR LAB	0.121639		76.04
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	2.438374		90.00
91.00	09100 EMERGENCY	0.169636		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.425643		92.00
93.00	04950 OTHER OP	0.117360		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/21/2016 4:03 pm		
		Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		26,280,762	886	26,281,648	30.00
31.00	03100 INTENSIVE CARE UNIT		8,629,682	23,386	8,653,068	31.00
41.00	04100 SUBPROVIDER - IRF		2,972,978	29,200	3,002,178	41.00
43.00	04300 NURSERY		965,087	0	965,087	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		13,723,512	1,631	13,725,143	50.00
51.00	05100 RECOVERY ROOM		1,207,602	0	1,207,602	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,289,811	0	2,289,811	52.00
53.00	05300 ANESTHESIOLOGY		531,665	0	531,665	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,291,752	0	6,291,752	54.00
56.00	05600 RADIO SOTOPE		1,064,394	0	1,064,394	56.00
57.00	05700 CT SCAN		1,938,361	0	1,938,361	57.00
59.00	05900 CARDIAC CATHETERIZATION		5,012,438	15,533	5,027,971	59.00
60.00	06000 LABORATORY		8,032,718	0	8,032,718	60.00
64.00	06400 INTRAVENOUS THERAPY		341,581	0	341,581	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,325,984	1,493	2,327,477	65.00
66.00	06600 PHYSICAL THERAPY	0	5,836,474	7,267	5,843,741	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	569,158	0	569,158	67.00
68.00	06800 SPEECH PATHOLOGY	0	457,225	0	457,225	68.00
69.00	06900 ELECTROCARDIOLOGY		1,421,278	0	1,421,278	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,412,073	0	12,412,073	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		9,747,529	0	9,747,529	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		10,417,054	0	10,417,054	73.00
74.00	07400 RENAL DIALYSIS		609,608	0	609,608	74.00
76.00	03952 PAIN MANAGEMENT		875,125	0	875,125	76.00
76.01	03951 OP CARDIO VASCULAR		1,170,911	10,323	1,181,234	76.01
76.02	03953 ANCILLARY PSYCH		225,176	0	225,176	76.02
76.03	03950 SLEEP LAB		671,675	0	671,675	76.03
76.04	03650 VASCULAR LAB		513,844	5,309	519,153	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		21,107,997	0	21,107,997	90.00
91.00	09100 EMERGENCY		9,718,425	0	9,718,425	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,375,894	0	3,375,894	92.00
93.00	04950 OTHER OP		1,479,829	0	1,479,829	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
200.00	Subtotal (see instructions)	0	162,217,602	95,028	162,312,630	200.00
201.00	Less Observation Beds		3,375,894		3,375,894	201.00
202.00	Total (see instructions)	0	158,841,708	95,028	158,936,736	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140187		Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/21/2016 4:03 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			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,714,591		34,714,591		30.00	
31.00	03100	INTENSIVE CARE UNIT	13,377,657		13,377,657		31.00	
41.00	04100	SUBPROVIDER - IRF	4,761,518		4,761,518		41.00	
43.00	04300	NURSERY	2,119,935		2,119,935		43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,557,053	34,875,777	60,432,830	0.227087	50.00	
51.00	05100	RECOVERY ROOM	2,110,142	4,331,639	6,441,781	0.187464	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,986,562	1,640,489	6,627,051	0.345525	52.00	
53.00	05300	ANESTHESIOLOGY	7,252,295	8,386,834	15,639,129	0.033996	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,167,835	50,971,565	59,139,400	0.106388	54.00	
56.00	05600	RADIOISOTOPE	2,055,180	4,723,883	6,779,063	0.157012	56.00	
57.00	05700	CT SCAN	12,602,366	40,212,057	52,814,423	0.036701	57.00	
59.00	05900	CARDIAC CATHETERIZATION	19,576,309	17,104,355	36,680,664	0.136651	59.00	
60.00	06000	LABORATORY	32,563,163	42,953,270	75,516,433	0.106370	60.00	
64.00	06400	INTRAVENOUS THERAPY	674,349	489,992	1,164,341	0.293369	64.00	
65.00	06500	RESPIRATORY THERAPY	14,504,289	2,633,095	17,137,384	0.135726	65.00	
66.00	06600	PHYSICAL THERAPY	5,075,530	16,404,483	21,480,013	0.271717	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,626,634	47,826	2,674,460	0.212812	67.00	
68.00	06800	SPEECH PATHOLOGY	1,514,774	445,285	1,960,059	0.233271	68.00	
69.00	06900	ELECTROCARDIOLOGY	8,647,816	7,574,762	16,222,578	0.087611	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,847,505	6,340,767	17,188,272	0.722125	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,544,824	11,961,025	23,505,849	0.414685	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	23,884,427	18,871,802	42,756,229	0.243638	73.00	
74.00	07400	RENAL DIALYSIS	1,858,006	191,409	2,049,415	0.297455	74.00	
76.00	03952	PAIN MANAGEMENT	491	10,652,695	10,653,186	0.082147	76.00	
76.01	03951	OP CARDIO VASCULAR	30,958	14,499,349	14,530,307	0.080584	76.01	
76.02	03953	ANCILLARY PSYCH	4,499	1,041,062	1,045,561	0.215364	76.02	
76.03	03950	SLEEP LAB	242,546	2,934,435	3,176,981	0.211419	76.03	
76.04	03650	VASCULAR LAB	1,820,443	2,447,551	4,267,994	0.120395	76.04	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,956	8,641,631	8,656,587	2.438374	90.00	
91.00	09100	EMERGENCY	13,221,468	44,068,246	57,289,714	0.169636	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,329,277	6,602,012	7,931,289	0.425643	92.00	
93.00	04950	OTHER OP	18,496	12,590,772	12,609,268	0.117360	93.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00	
200.00		Subtotal (see instructions)	267,705,894	373,638,068	641,343,962		200.00	
201.00		Less Observation Beds					201.00	
202.00		Total (see instructions)	267,705,894	373,638,068	641,343,962		202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/21/2016 4:03 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03952 PAIN MANAGEMENT	0.000000		76.00
76.01	03951 OP CARDIO VASCULAR	0.000000		76.01
76.02	03953 ANCILLARY PSYCH	0.000000		76.02
76.03	03950 SLEEP LAB	0.000000		76.03
76.04	03650 VASCULAR LAB	0.000000		76.04
OUTPATIENT SERVICE COST CENTERS				
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
93.00	04950 OTHER OP	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 140187		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part I Date/Time Prepared: 11/21/2016 4:03 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,026,126	0	3,026,126	26,773	113.03	30.00
31.00	INTENSIVE CARE UNIT	701,790	0	701,790	5,733	122.41	31.00
41.00	SUBPROVIDER - IRF	359,640	0	359,640	4,011	89.66	41.00
43.00	NURSERY	30,094		30,094	2,143	14.04	43.00
200.00	Total (Lines 30-199)	4,117,650		4,117,650	38,660		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	9,544	1,078,758				
31.00	INTENSIVE CARE UNIT	1,984	242,861				
41.00	SUBPROVIDER - IRF	2,441	218,860				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	13,969	1,540,479				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part II Date/Time Prepared: 11/21/2016 4:03 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	2,493,929	60,432,830	0.041268	8,889,332	366,845	50.00
51.00	05100 RECOVERY ROOM	132,872	6,441,781	0.020627	484,228	9,988	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	66,504	6,627,051	0.010035	242,981	2,438	52.00
53.00	05300 ANESTHESIOLOGY	154,272	15,639,129	0.009864	2,353,908	23,219	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	915,453	59,139,400	0.015480	3,467,451	53,676	54.00
56.00	05600 RADIOISOTOPE	92,790	6,779,063	0.013688	1,089,711	14,916	56.00
57.00	05700 CT SCAN	132,910	52,814,423	0.002517	5,614,235	14,131	57.00
59.00	05900 CARDIAC CATHETERIZATION	1,122,628	36,680,664	0.030605	5,542,063	169,615	59.00
60.00	06000 LABORATORY	591,883	75,516,433	0.007838	14,065,687	110,247	60.00
64.00	06400 INTRAVENOUS THERAPY	12,887	1,164,341	0.011068	250,092	2,768	64.00
65.00	06500 RESPIRATORY THERAPY	195,651	17,137,384	0.011417	7,006,387	79,992	65.00
66.00	06600 PHYSICAL THERAPY	595,111	21,480,013	0.027705	1,324,027	36,682	66.00
67.00	06700 OCCUPATIONAL THERAPY	13,611	2,674,460	0.005089	205,043	1,043	67.00
68.00	06800 SPEECH PATHOLOGY	30,179	1,960,059	0.015397	111,801	1,721	68.00
69.00	06900 ELECTROCARDIOLOGY	190,369	16,222,578	0.011735	4,146,797	48,663	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	456,857	17,188,272	0.026580	4,509,393	119,860	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	357,850	23,505,849	0.015224	4,841,614	73,709	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	331,923	42,756,229	0.007763	9,230,896	71,659	73.00
74.00	07400 RENAL DIALYSIS	36,743	2,049,415	0.017929	1,151,905	20,653	74.00
76.00	03952 PAIN MANAGEMENT	111,233	10,653,186	0.010441	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	181,598	14,530,307	0.012498	0	0	76.01
76.02	03953 ANCILLARY PSYCH	44,453	1,045,561	0.042516	0	0	76.02
76.03	03950 SLEEP LAB	127,364	3,176,981	0.040090	110,996	4,450	76.03
76.04	03650 VASCULAR LAB	37,541	4,267,994	0.008796	876,861	7,713	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	966,852	8,656,587	0.111690	4,219	471	90.00
91.00	09100 EMERGENCY	650,727	57,289,714	0.011359	5,232,028	59,431	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	388,707	7,931,289	0.049009	907,131	44,458	92.00
93.00	04950 OTHER OP	38,993	12,609,268	0.003092	1,689	5	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	10,471,890	586,370,261		81,660,475	1,338,353	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140187		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 11/21/2016 4:03 pm	
Title XVIII			Hospital			PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,773	0.00	9,544	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,733	0.00	1,984	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,011	0.00	2,441	0		41.00
43.00	04300	NURSERY	2,143	0.00	0	0		43.00
200.00		Total (lines 30-199)	38,660		13,969	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/21/2016 4:03 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	606,537	0	606,537	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	0	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	0	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	0	0	0	0	0	76.04
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
93.00	04950	OTHER OP	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	606,537	0	606,537	95.00	
200.00		Total (lines 50-199)	0	0	606,537	0	606,537	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/21/2016 4:03 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	60,432,830	0.000000	0.000000	8,889,332	50.00
51.00	05100 RECOVERY ROOM	0	6,441,781	0.000000	0.000000	484,228	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,627,051	0.000000	0.000000	242,981	52.00
53.00	05300 ANESTHESIOLOGY	0	15,639,129	0.000000	0.000000	2,353,908	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	59,139,400	0.000000	0.000000	3,467,451	54.00
56.00	05600 RADIOISOTOPE	0	6,779,063	0.000000	0.000000	1,089,711	56.00
57.00	05700 CT SCAN	0	52,814,423	0.000000	0.000000	5,614,235	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	36,680,664	0.000000	0.000000	5,542,063	59.00
60.00	06000 LABORATORY	0	75,516,433	0.000000	0.000000	14,065,687	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,164,341	0.000000	0.000000	250,092	64.00
65.00	06500 RESPIRATORY THERAPY	0	17,137,384	0.000000	0.000000	7,006,387	65.00
66.00	06600 PHYSICAL THERAPY	0	21,480,013	0.000000	0.000000	1,324,027	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,674,460	0.000000	0.000000	205,043	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,960,059	0.000000	0.000000	111,801	68.00
69.00	06900 ELECTROCARDIOLOGY	0	16,222,578	0.000000	0.000000	4,146,797	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,188,272	0.000000	0.000000	4,509,393	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	23,505,849	0.000000	0.000000	4,841,614	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	606,537	42,756,229	0.014186	0.014186	9,230,896	73.00
74.00	07400 RENAL DIALYSIS	0	2,049,415	0.000000	0.000000	1,151,905	74.00
76.00	03952 PAIN MANAGEMENT	0	10,653,186	0.000000	0.000000	0	76.00
76.01	03951 OP CARDIO VASCULAR	0	14,530,307	0.000000	0.000000	0	76.01
76.02	03953 ANCILLARY PSYCH	0	1,045,561	0.000000	0.000000	0	76.02
76.03	03950 SLEEP LAB	0	3,176,981	0.000000	0.000000	110,996	76.03
76.04	03650 VASCULAR LAB	0	4,267,994	0.000000	0.000000	876,861	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	8,656,587	0.000000	0.000000	4,219	90.00
91.00	09100 EMERGENCY	0	57,289,714	0.000000	0.000000	5,232,028	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,931,289	0.000000	0.000000	907,131	92.00
93.00	04950 OTHER OP	0	12,609,268	0.000000	0.000000	1,689	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	606,537	586,370,261			81,660,475	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/21/2016 4:03 pm
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	8,493,537	0	50.00
51.00	05100 RECOVERY ROOM	0	841,661	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,222	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,755,926	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,026,377	0	54.00
56.00	05600 RADIOISOTOPE	0	1,659,663	0	56.00
57.00	05700 CT SCAN	0	8,215,252	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,461,694	0	59.00
60.00	06000 LABORATORY	0	5,872,205	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	77,464	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	498,142	0	65.00
66.00	06600 PHYSICAL THERAPY	0	645,083	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,522	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	34,361	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,138,384	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,436,120	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,761,654	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	130,949	4,713,394	66,864	73.00
74.00	07400 RENAL DIALYSIS	0	78,933	0	74.00
76.00	03952 PAIN MANAGEMENT	0	3,032,040	0	76.00
76.01	03951 OP CARDIO VASCULAR	0	4,914,456	0	76.01
76.02	03953 ANCILLARY PSYCH	0	147,368	0	76.02
76.03	03950 SLEEP LAB	0	588,766	0	76.03
76.04	03650 VASCULAR LAB	0	600,859	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	2,685,153	0	90.00
91.00	09100 EMERGENCY	0	6,936,819	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,793,290	0	92.00
93.00	04950 OTHER OP	0	954,225	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	130,949	78,366,570	66,864	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/21/2016 4:03 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.227087	8,493,537	0	0	1,928,772 50.00
51.00	05100 RECOVERY ROOM	0.187464	841,661	0	0	157,781 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.345525	1,222	0	0	422 52.00
53.00	05300 ANESTHESIOLOGY	0.033996	1,755,926	0	0	59,694 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106388	8,026,377	0	0	853,910 54.00
56.00	05600 RADIOISOTOPE	0.157012	1,659,663	0	0	260,587 56.00
57.00	05700 CT SCAN	0.036701	8,215,252	0	0	301,508 57.00
59.00	05900 CARDIAC CATHETERIZATION	0.136651	7,461,694	0	0	1,019,648 59.00
60.00	06000 LABORATORY	0.106370	5,872,205	9,200	0	624,626 60.00
64.00	06400 INTRAVENOUS THERAPY	0.293369	77,464	0	0	22,726 64.00
65.00	06500 RESPIRATORY THERAPY	0.135726	498,142	0	0	67,611 65.00
66.00	06600 PHYSICAL THERAPY	0.271717	645,083	20	0	175,280 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.212812	2,522	0	0	537 67.00
68.00	06800 SPEECH PATHOLOGY	0.233271	34,361	0	0	8,015 68.00
69.00	06900 ELECTROCARDIOLOGY	0.087611	2,138,384	0	0	187,346 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.722125	1,436,120	0	0	1,037,058 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.414685	4,761,654	0	0	1,974,586 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.243638	4,713,394	113,812	0	1,148,362 73.00
74.00	07400 RENAL DIALYSIS	0.297455	78,933	0	0	23,479 74.00
76.00	03952 PAIN MANAGEMENT	0.082147	3,032,040	0	0	249,073 76.00
76.01	03951 OP CARDIO VASCULAR	0.080584	4,914,456	0	0	396,027 76.01
76.02	03953 ANCILLARY PSYCH	0.215364	147,368	0	0	31,738 76.02
76.03	03950 SLEEP LAB	0.211419	588,766	0	0	124,476 76.03
76.04	03650 VASCULAR LAB	0.120395	600,859	0	0	72,340 76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	2.438374	2,685,153	0	0	6,547,407 90.00
91.00	09100 EMERGENCY	0.169636	6,936,819	0	0	1,176,734 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.425643	1,793,290	0	0	763,301 92.00
93.00	04950 OTHER OP	0.117360	954,225	0	0	111,988 93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000		0	0	
200.00	Subtotal (see instructions)		78,366,570	123,032	0	19,325,032 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		78,366,570	123,032	0	19,325,032 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/21/2016 4:03 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	979	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	5	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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	27,729	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03952 PAIN MANAGEMENT	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0	0	76.02
76.03	03950 SLEEP LAB	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	76.04
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950 OTHER OP	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	28,713	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)	28,713	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140187 Component CCN: 14T187		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/21/2016 4:03 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,493,929	60,432,830	0.041268	8,484	350	50.00
51.00	05100 RECOVERY ROOM	132,872	6,441,781	0.020627	1,289	27	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	66,504	6,627,051	0.010035	0	0	52.00
53.00	05300 ANESTHESIOLOGY	154,272	15,639,129	0.009864	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	915,453	59,139,400	0.015480	57,640	892	54.00
56.00	05600 RADIOISOTOPE	92,790	6,779,063	0.013688	8,739	120	56.00
57.00	05700 CT SCAN	132,910	52,814,423	0.002517	46,454	117	57.00
59.00	05900 CARDIAC CATHETERIZATION	1,122,628	36,680,664	0.030605	0	0	59.00
60.00	06000 LABORATORY	591,883	75,516,433	0.007838	373,094	2,924	60.00
64.00	06400 INTRAVENOUS THERAPY	12,887	1,164,341	0.011068	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	195,651	17,137,384	0.011417	187,311	2,139	65.00
66.00	06600 PHYSICAL THERAPY	595,111	21,480,013	0.027705	1,551,997	42,998	66.00
67.00	06700 OCCUPATIONAL THERAPY	13,611	2,674,460	0.005089	1,318,395	6,709	67.00
68.00	06800 SPEECH PATHOLOGY	30,179	1,960,059	0.015397	356,344	5,487	68.00
69.00	06900 ELECTROCARDIOLOGY	190,369	16,222,578	0.011735	18,552	218	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	456,857	17,188,272	0.026580	246,582	6,554	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	357,850	23,505,849	0.015224	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	331,923	42,756,229	0.007763	629,045	4,883	73.00
74.00	07400 RENAL DIALYSIS	36,743	2,049,415	0.017929	87,325	1,566	74.00
76.00	03952 PAIN MANAGEMENT	111,233	10,653,186	0.010441	0	0	76.00
76.01	03951 OP CARDIOVASCULAR	181,598	14,530,307	0.012498	0	0	76.01
76.02	03953 ANCILLARY PSYCH	44,453	1,045,561	0.042516	0	0	76.02
76.03	03950 SLEEP LAB	127,364	3,176,981	0.040090	0	0	76.03
76.04	03650 VASCULAR LAB	37,541	4,267,994	0.008796	15,634	138	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	966,852	8,656,587	0.111690	0	0	90.00
91.00	09100 EMERGENCY	650,727	57,289,714	0.011359	17,173	195	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,931,289	0.000000	0	0	92.00
93.00	04950 OTHER OP	38,993	12,609,268	0.003092	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	10,083,183	586,370,261		4,924,058	75,317	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/21/2016 4:03 pm PPS
Title XVIII		Subprovider - IRF	

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	606,537	0	606,537	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952 PAIN MANAGEMENT	0	0	0	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950 SLEEP LAB	0	0	0	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 OTHER OP	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	606,537	0	606,537	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/21/2016 4:03 pm
		Title XVIII	Subprovider - IRF

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	60,432,830	0.000000	0.000000	8,484	50.00
51.00	05100 RECOVERY ROOM	0	6,441,781	0.000000	0.000000	1,289	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,627,051	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	15,639,129	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	59,139,400	0.000000	0.000000	57,640	54.00
56.00	05600 RADIOISOTOPE	0	6,779,063	0.000000	0.000000	8,739	56.00
57.00	05700 CT SCAN	0	52,814,423	0.000000	0.000000	46,454	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	36,680,664	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	75,516,433	0.000000	0.000000	373,094	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,164,341	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	17,137,384	0.000000	0.000000	187,311	65.00
66.00	06600 PHYSICAL THERAPY	0	21,480,013	0.000000	0.000000	1,551,997	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,674,460	0.000000	0.000000	1,318,395	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,960,059	0.000000	0.000000	356,344	68.00
69.00	06900 ELECTROCARDIOLOGY	0	16,222,578	0.000000	0.000000	18,552	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,188,272	0.000000	0.000000	246,582	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	23,505,849	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	606,537	42,756,229	0.014186	0.014186	629,045	73.00
74.00	07400 RENAL DIALYSIS	0	2,049,415	0.000000	0.000000	87,325	74.00
76.00	03952 PAIN MANAGEMENT	0	10,653,186	0.000000	0.000000	0	76.00
76.01	03951 OP CARDIO VASCULAR	0	14,530,307	0.000000	0.000000	0	76.01
76.02	03953 ANCILLARY PSYCH	0	1,045,561	0.000000	0.000000	0	76.02
76.03	03950 SLEEP LAB	0	3,176,981	0.000000	0.000000	0	76.03
76.04	03650 VASCULAR LAB	0	4,267,994	0.000000	0.000000	15,634	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	8,656,587	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	57,289,714	0.000000	0.000000	17,173	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,931,289	0.000000	0.000000	0	92.00
93.00	04950 OTHER OP	0	12,609,268	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	606,537	586,370,261			4,924,058	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/21/2016 4:03 pm PPS
Title XVIII		Subprovider - IRF	

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,924	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03952 PAIN MANAGEMENT	0	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0	0	0	76.02
76.03	03950 SLEEP LAB	0	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04950 OTHER OP	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	8,924	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/21/2016 4:03 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.227087	0	2,092,514	0	0	50.00
51.00	05100 RECOVERY ROOM	0.187464	0	266,446	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.345525	0	116,276	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.033996	0	383,773	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106388	0	1,484,055	0	0	54.00
56.00	05600 RADIOISOTOPE	0.157012	0	205,235	0	0	56.00
57.00	05700 CT SCAN	0.036701	0	2,303,902	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.136651	0	357,135	0	0	59.00
60.00	06000 LABORATORY	0.106370	0	2,088,823	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.293369	0	18,888	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.135726	0	51,432	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.271717	0	3,740	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.212812	0	564	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.233271	0	60,539	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.087611	0	530,759	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.722125	0	772,258	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.414685	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.243638	0	730,814	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.297455	0	2,164	0	0	74.00
76.00	03952 PAIN MANAGEMENT	0.082147	0	0	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0.080584	0	0	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0.215364	0	36,451	0	0	76.02
76.03	03950 SLEEP LAB	0.211419	0	162,400	0	0	76.03
76.04	03650 VASCULAR LAB	0.120395	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2.438374	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.169636	0	4,376,855	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.425643	0	985,772	0	0	92.00
93.00	04950 OTHER OP	0.117360	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	17,030,795	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	17,030,795	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/21/2016 4:03 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	475,183	0	50.00
51.00	05100 RECOVERY ROOM	49,949	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	40,176	0	52.00
53.00	05300 ANESTHESIOLOGY	13,047	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	157,886	0	54.00
56.00	05600 RADIOISOTOPE	32,224	0	56.00
57.00	05700 CT SCAN	84,556	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	48,803	0	59.00
60.00	06000 LABORATORY	222,188	0	60.00
64.00	06400 INTRAVENOUS THERAPY	5,541	0	64.00
65.00	06500 RESPIRATORY THERAPY	6,981	0	65.00
66.00	06600 PHYSICAL THERAPY	1,016	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	120	0	67.00
68.00	06800 SPEECH PATHOLOGY	14,122	0	68.00
69.00	06900 ELECTROCARDIOLOGY	46,500	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	557,667	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	178,054	0	73.00
74.00	07400 RENAL DIALYSIS	644	0	74.00
76.00	03952 PAIN MANAGEMENT	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0	0	76.01
76.02	03953 ANCILLARY PSYCH	7,850	0	76.02
76.03	03950 SLEEP LAB	34,334	0	76.03
76.04	03650 VASCULAR LAB	0	0	76.04
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	742,472	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	419,587	0	92.00
93.00	04950 OTHER OP	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	3,138,900	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)	3,138,900	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/21/2016 4:03 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,773	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,773	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)		23,334	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)		9,544	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		26,281,648	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		26,281,648	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		26,281,648	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		981.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,368,868	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)		9,368,868	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/21/2016 4:03 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)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	8,653,068	5,733	1,509.34	1,984	2,994,531	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)					16,363,676	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,727,075	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)					1,321,619	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,469,302	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,790,921	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,936,154	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)					3,439	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					981.65	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,375,894	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/21/2016 4:03 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	3,026,126	26,281,648	0.115142	3,375,894	388,707	90.00
91.00	Nursing School cost	0	26,281,648	0.000000	3,375,894	0	91.00
92.00	Allied health cost	0	26,281,648	0.000000	3,375,894	0	92.00
93.00	All other Medical Education	0	26,281,648	0.000000	3,375,894	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Component CCN: 14T187		Date/Time Prepared: 11/21/2016 4:03 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,011	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,011	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,011	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,441	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,002,178	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,002,178	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,002,178	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		748.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,827,064	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,827,064	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187 Component CCN: 14T187		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/21/2016 4:03 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,226,164	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,053,228	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)					218,860	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					84,241	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					303,101	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					2,750,127	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187 Component CCN: 14T187		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/21/2016 4:03 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	359,640	3,002,178	0.119793	0	0	90.00
91.00	Nursing School cost	0	3,002,178	0.000000	0	0	91.00
92.00	Allied health cost	0	3,002,178	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,002,178	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/21/2016 4:03 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,773	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,773	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)		23,334	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)		852	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)		2,143	15.00
16.00	Nursery days (title V or XIX only)		261	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		26,280,762	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		26,280,762	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		26,280,762	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		981.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		836,332	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)		836,332	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/21/2016 4:03 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	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)	965,087	2,143	450.34	261	117,539	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,629,682	5,733	1,505.26	139	209,231	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,333,083	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,496,185	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)					3,439	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					981.61	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,375,757	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/21/2016 4:03 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	3,026,126	26,280,762	0.115146	3,375,757	388,705	90.00
91.00	Nursing School cost	0	26,280,762	0.000000	3,375,757	0	91.00
92.00	Allied health cost	0	26,280,762	0.000000	3,375,757	0	92.00
93.00	All other Medical Education	0	26,280,762	0.000000	3,375,757	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/21/2016 4:03 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,011 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,011 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,011 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)			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)			2,143 15.00
16.00	Nursery days (title V or XIX only)			261 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			2,972,978 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)			2,972,978 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,972,978 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			741.21 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			94,875 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)			94,875 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
					Component CCN: 14T187		Date/Time Prepared: 11/21/2016 4:03 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
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					64,635		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					159,510		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 anesthesiologist, 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)						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: 140187 Component CCN: 14T187		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/21/2016 4:03 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	359,640	2,972,978	0.120970	0	0	90.00
91.00	Nursing School cost	0	2,972,978	0.000000	0	0	91.00
92.00	Allied health cost	0	2,972,978	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,972,978	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/21/2016 4:03 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		15,217,166	30.00
31.00	03100	INTENSIVE CARE UNIT		5,053,407	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227114	8,889,332	50.00
51.00	05100	RECOVERY ROOM	0.187464	484,228	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.345525	242,981	52.00
53.00	05300	ANESTHESIOLOGY	0.033996	2,353,908	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106388	3,467,451	54.00
56.00	05600	RADIOISOTOPE	0.157012	1,089,711	56.00
57.00	05700	CT SCAN	0.036701	5,614,235	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.137074	5,542,063	59.00
60.00	06000	LABORATORY	0.106370	14,065,687	60.00
64.00	06400	INTRAVENOUS THERAPY	0.293369	250,092	64.00
65.00	06500	RESPIRATORY THERAPY	0.135813	7,006,387	65.00
66.00	06600	PHYSICAL THERAPY	0.272055	1,324,027	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212812	205,043	67.00
68.00	06800	SPEECH PATHOLOGY	0.233271	111,801	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087611	4,146,797	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.722125	4,509,393	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.414685	4,841,614	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243638	9,230,896	73.00
74.00	07400	RENAL DIALYSIS	0.297455	1,151,905	74.00
76.00	03952	PAIN MANAGEMENT	0.082147	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.081294	0	76.01
76.02	03953	ANCILLARY PSYCH	0.215364	0	76.02
76.03	03950	SLEEP LAB	0.211419	110,996	76.03
76.04	03650	VASCULAR LAB	0.121639	876,861	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.438374	4,219	90.00
91.00	09100	EMERGENCY	0.169636	5,232,028	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.425643	907,131	92.00
93.00	04950	OTHER OP	0.117360	1,689	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		81,660,475	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)		81,660,475	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/21/2016 4:03 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
41.00	04100 SUBPROVIDER - IRF		2,897,633	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.227114	8,484	50.00
51.00	05100 RECOVERY ROOM	0.187464	1,289	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.345525	0	52.00
53.00	05300 ANESTHESIOLOGY	0.033996	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106388	57,640	54.00
56.00	05600 RADIOISOTOPE	0.157012	8,739	56.00
57.00	05700 CT SCAN	0.036701	46,454	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.137074	0	59.00
60.00	06000 LABORATORY	0.106370	373,094	60.00
64.00	06400 INTRAVENOUS THERAPY	0.293369	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.135813	187,311	65.00
66.00	06600 PHYSICAL THERAPY	0.272055	1,551,997	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.212812	1,318,395	67.00
68.00	06800 SPEECH PATHOLOGY	0.233271	356,344	68.00
69.00	06900 ELECTROCARDIOLOGY	0.087611	18,552	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.722125	246,582	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.414685	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.243638	629,045	73.00
74.00	07400 RENAL DIALYSIS	0.297455	87,325	74.00
76.00	03952 PAIN MANAGEMENT	0.082147	0	76.00
76.01	03951 OP CARDIO VASCULAR	0.081294	0	76.01
76.02	03953 ANCILLARY PSYCH	0.215364	0	76.02
76.03	03950 SLEEP LAB	0.211419	0	76.03
76.04	03650 VASCULAR LAB	0.121639	15,634	76.04
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	2.438374	0	90.00
91.00	09100 EMERGENCY	0.169636	17,173	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.425643	0	92.00
93.00	04950 OTHER OP	0.117360	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		4,924,058	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		4,924,058	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/21/2016 4:03 pm
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		1,903,590		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		210,424		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.227087	779,828	177,089	50.00
51.00	05100 RECOVERY ROOM	0.187464	129,979	24,366	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.345525	288,160	99,566	52.00
53.00	05300 ANESTHESIOLOGY	0.033996	222,257	7,556	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106388	328,247	34,922	54.00
56.00	05600 RADIOISOTOPE	0.157012	28,416	4,462	56.00
57.00	05700 CT SCAN	0.036701	444,273	16,305	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.136651	196,562	26,860	59.00
60.00	06000 LABORATORY	0.106370	1,503,277	159,904	60.00
64.00	06400 INTRAVENOUS THERAPY	0.293369	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.135726	323,141	43,859	65.00
66.00	06600 PHYSICAL THERAPY	0.271717	67,689	18,392	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.212812	12,339	2,626	67.00
68.00	06800 SPEECH PATHOLOGY	0.233271	67,078	15,647	68.00
69.00	06900 ELECTROCARDIOLOGY	0.087611	267,660	23,450	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.722125	587,893	424,532	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.414685	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.243638	802,553	195,532	73.00
74.00	07400 RENAL DIALYSIS	0.297455	53,738	15,985	74.00
76.00	03952 PAIN MANAGEMENT	0.082147	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0.080584	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0.215364	0	0	76.02
76.03	03950 SLEEP LAB	0.211419	11,305	2,390	76.03
76.04	03650 VASCULAR LAB	0.120395	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.438374	0	0	90.00
91.00	09100 EMERGENCY	0.169636	181,971	30,869	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.425643	20,607	8,771	92.00
93.00	04950 OTHER OP	0.117360	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		6,316,973	1,333,083	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		6,316,973		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 14T187		Date/Time Prepared: 11/21/2016 4:03 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		152,929		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.227087	2,099	477	50.00
51.00	05100 RECOVERY ROOM	0.187464	578	108	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.345525	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.033996	1,134	39	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106388	2,419	257	54.00
56.00	05600 RADIOISOTOPE	0.157012	0	0	56.00
57.00	05700 CT SCAN	0.036701	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.136651	0	0	59.00
60.00	06000 LABORATORY	0.106370	17,118	1,821	60.00
64.00	06400 INTRAVENOUS THERAPY	0.293369	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.135726	10,684	1,450	65.00
66.00	06600 PHYSICAL THERAPY	0.271717	81,334	22,100	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.212812	69,024	14,689	67.00
68.00	06800 SPEECH PATHOLOGY	0.233271	16,142	3,765	68.00
69.00	06900 ELECTROCARDIOLOGY	0.087611	1,619	142	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.722125	16,158	11,668	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.414685	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.243638	33,324	8,119	73.00
74.00	07400 RENAL DIALYSIS	0.297455	0	0	74.00
76.00	03952 PAIN MANAGEMENT	0.082147	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0.080584	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0.215364	0	0	76.02
76.03	03950 SLEEP LAB	0.211419	0	0	76.03
76.04	03650 VASCULAR LAB	0.120395	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.438374	0	0	90.00
91.00	09100 EMERGENCY	0.169636	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.425643	0	0	92.00
93.00	04950 OTHER OP	0.117360	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		251,633	64,635	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		251,633		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/21/2016 4:03 pm
		Title XVII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,861,082	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		16,437,196	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)		254,851	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		7,927,949	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		206.83	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		8.67	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		8.67	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		10.76	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		8.67	12.00
13.00	Total allowable FTE count for the prior year.		8.67	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.		8.67	14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.67	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		8.67	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.041918	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.039375	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.039375	21.00
22.00	IME payment adjustment (see instructions)		474,530	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		168,715	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		2.09	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)		474,530	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		168,715	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.26	30.00
31.00	Percentage of Medicaid patient days (see instructions)		29.99	31.00
32.00	Sum of lines 30 and 31		36.25	32.00
33.00	Allowable disproportionate share percentage (see instructions)		19.12	33.00
34.00	Disproportionate share adjustment (see instructions)		1,065,858	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/21/2016 4:03 pm
		Title XVII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000215735	0.000211858	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,649,865	1,357,193	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	415,857	1,016,041	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,431,898		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	25,525,415		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		25,694,130	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,975,791	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).		357,292	52.00
53.00	Nursing and Allied Health Managed Care payment		59,600	53.00
54.00	Special add-on payments for new technologies		1,282	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		130,949	58.00
59.00	Total (sum of amounts on lines 49 through 58)		28,219,044	59.00
60.00	Primary payer payments		18,169	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		28,200,875	61.00
62.00	Deductibles billed to program beneficiaries		2,360,339	62.00
63.00	Coinurance billed to program beneficiaries		85,148	63.00
64.00	Allowable bad debts (see instructions)		818,071	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		531,746	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		431,434	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		26,287,134	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)		59,621	70.93
70.94	HRR adjustment amount (see instructions)		-130,981	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/21/2016 4:03 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		275,999		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		25,939,775		71.00
71.01	Sequestration adjustment (see instructions)		518,796		71.01
72.00	Interim payments		24,739,498		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)		681,481		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		84,176		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140187		Period: From 07/01/2015 To 06/30/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/21/2016 4:03 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 (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,861,082	5,861,082		5,861,082	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	16,437,196		16,437,196	16,437,196	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	254,851	26,502	228,349	254,851	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	7,927,949	1,749,903	6,178,046	7,927,949	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.039375	0.039375	0.039375		5.00
6.00	IME payment adjustment (see instructions)	22.00	474,530	124,730	349,800	474,530	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	168,715	37,240	131,475	168,715	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	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	474,530	124,730	349,800	474,530	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	168,715	37,240	131,475	168,715	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1912	0.1912	0.1912		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,065,858	280,160	785,698	1,065,858	11.00
11.01	Uncompensated care payments	36.00	1,431,898	415,857	1,016,041	1,431,898	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	25,525,415	6,708,331	18,817,084	25,525,415	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	25,694,130	6,745,571	18,948,559	25,694,130	15.00
16.00	Payment for inpatient program capital	50.00	1,975,791	516,445	1,459,346	1,975,791	16.00
17.00	Special add-on payments for new technologies	54.00	1,282	1,282	0	1,282	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	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			7,263,298	20,407,905	27,671,203	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/21/2016 4:03 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	1,774,280	465,768	1,308,512	1,774,280	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	11,663	839	10,824	11,663	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	0.0308	0.0308	0.0308		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	54,648	14,346	40,302	54,648	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0762	0.0762	0.0762		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	135,200	35,492	99,708	135,200	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,975,791	516,445	1,459,346	1,975,791	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	59,621	37,881	21,740	59,621	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	-130,981	-34,002	-96,979	-130,981	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		72,672	203,327	275,999	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/21/2016 4:03 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		28,713	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		19,258,168	2.00
3.00	PPS payments		12,591,307	3.00
4.00	Outlier payment (see instructions)		99,527	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		66,864	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		28,713	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		123,032	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)		123,032	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		123,032	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		94,319	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)		28,713	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)		12,757,698	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,447,341	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)		10,339,066	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		217,680	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)		10,556,746	30.00
31.00	Primary payer payments		2,628	31.00
32.00	Subtotal (line 30 minus line 31)		10,554,118	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		683,523	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		444,290	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		432,842	36.00
37.00	Subtotal (see instructions)		10,998,408	37.00
38.00	MSP-LCC reconciliation amount from PS&R		95	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)		10,998,313	40.00
40.01	Sequestration adjustment (see instructions)		219,966	40.01
41.00	Interim payments		10,446,827	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		331,520	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140187

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

Worksheet E-1
Part I
Date/Time Prepared:
11/21/2016 4:03 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		24,482,145		10,437,190	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	02/18/2016	257,353	02/18/2016	9,637	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)		257,353		9,637	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		24,739,498		10,446,827	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		681,481		331,520	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		25,420,979		10,778,347	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: 140187
Component CCN: 14T187

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

Worksheet E-1
Part I
Date/Time Prepared:
11/21/2016 4:03 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,416,589		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,416,589		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		16,940		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,433,529		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet E-1 Part II Date/Time Prepared: 11/21/2016 4:03 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		8,143	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		11,528	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		4,315	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		29,067	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		641,343,962	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		16,608,607	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)		475,407	8.00
9.00	Sequestration adjustment amount (see instructions)		9,508	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		465,899	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		485,677	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)		-19,778	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part III Date/Time Prepared: 11/21/2016 4:03 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,370,549 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0525 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			171,224 3.00
4.00	Outlier Payments			0 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)			10.959016 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,541,773 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)			3,541,773 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,541,773 19.00
20.00	Deductibles			47,096 20.00
21.00	Subtotal (line 19 minus line 20)			3,494,677 21.00
22.00	Coinurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			3,494,677 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)			3,494,677 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)			8,924 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,503,601 32.00
32.01	Sequestration adjustment (see instructions)			70,072 32.01
33.00	Interim payments			3,416,589 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)			16,940 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			0 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: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/21/2016 4:03 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,496,185		1.00
2.00	Medical and other services			3,138,900	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,496,185	3,138,900	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)		2,496,185	3,138,900	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		6,316,973	17,030,795	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)		6,316,973	17,030,795	12.00
CUSTOMARY CHARGES					
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)		6,316,973	17,030,795	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		3,820,788	13,891,895	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	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)		2,496,185	3,138,900	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	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)		2,496,185	3,138,900	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,496,185	3,138,900	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,496,185	3,138,900	36.00
37.00	ZERO OUT MEDICAID SETTLEMENT		-2,496,185	-3,138,900	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	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/21/2016 4:03 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital /SNF/NF services	159,510		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)	159,510	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)	159,510	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	251,633	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)	251,633	0	12.00
CUSTOMARY CHARGES				
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)	251,633	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	92,123	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	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)	159,510	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	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)	159,510	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	159,510		31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	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)	159,510	0	36.00
37.00	ZERO OUT MEDICAID SETTLEMENT	-159,510	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/21/2016 4:03 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.41	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)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			14.41	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			10.76	6.00
7.00	Enter the lesser of line 5 or line 6			10.76	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.	10.76	0.00	10.76	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.	10.76	0.00	10.76	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	10.76	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	8.42	4.08		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	8.92	4.48		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	9.37	2.85		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	9.37	2.85		17.00
18.00	Per resident amount	87,086.57	87,086.57		18.00
19.00	Approved amount for resident costs	816,001	248,197	1,064,198	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)			87,086.57	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)			1,064,198	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	13,969	4,748		26.00
27.00	Total Inpatient Days (see instructions)	33,401	33,401		27.00
28.00	Ratio of inpatient days to total inpatient days	0.418221	0.142151		28.00
29.00	Program direct GME amount	445,070	151,277		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		21,375		30.00
31.00	Net Program direct GME amount			574,972	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/21/2016 4:03 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,049,415	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		31,780,303	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)		18,169	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		31,762,134	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		19,353,745	42.00
43.00	Primary payer payments (see instructions)		2,628	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		19,351,117	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		51,113,251	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.621407	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.378593	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		574,972	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		357,292	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		217,680	50.00

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

Provider CCN: 140187

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

Worksheet G
Date/Time Prepared:
11/21/2016 4:03 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-4,171,659	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	112,161,697	0	0	0	4.00
5.00	Other receivable	424,439	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-78,943,907	0	0	0	6.00
7.00	Inventory	3,336,841	0	0	0	7.00
8.00	Prepaid expenses	964,758	0	0	0	8.00
9.00	Other current assets	2,814,731	0	0	0	9.00
10.00	Due from other funds	1,626,062	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	38,212,962	0	0	0	11.00
FIXED ASSETS						
12.00	Land	22,952,115	0	0	0	12.00
13.00	Land improvements	5,984,789	0	0	0	13.00
14.00	Accumulated depreciation	-5,761,449	0	0	0	14.00
15.00	Buildings	45,469,166	0	0	0	15.00
16.00	Accumulated depreciation	-40,237,930	0	0	0	16.00
17.00	Leasehold improvements	73,174	0	0	0	17.00
18.00	Accumulated depreciation	-12,806	0	0	0	18.00
19.00	Fixed equipment	77,263,278	0	0	0	19.00
20.00	Accumulated depreciation	-60,045,328	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	70,376,464	0	0	0	25.00
26.00	Accumulated depreciation	-53,827,119	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	62,234,354	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	5,009,855	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	76,270,790	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	81,280,645	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	181,727,961	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,656,737	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,974,102	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	186,064,663	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	61,921,914	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	269,617,416	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	22,732,364	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	22,732,364	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	292,349,780	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-110,621,819	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-110,621,819	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	181,727,961	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140187

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

Worksheet G-1

Date/Time Prepared:
11/21/2016 4:03 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		-58,646,834		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-51,974,985				2.00
3.00	Total (sum of line 1 and line 2)		-110,621,819		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-110,621,819		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		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)		-110,621,819		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140187

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/21/2016 4:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	46,872,226		46,872,226	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,782,529		4,782,529	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	51,654,755		51,654,755	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,270,384		14,270,384	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)	14,270,384		14,270,384	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	65,925,139		65,925,139	17.00
18.00	Ancillary services	199,692,891	303,742,975	503,435,866	18.00
19.00	Outpatient services	12,391,023	66,162,890	78,553,913	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	3,187,628	147,259	3,334,887	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	281,196,681	370,053,124	651,249,805	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		184,826,660		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		184,826,660		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet G-3 Date/Time Prepared: 11/21/2016 4:03 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	651,249,805	1.00
2.00	Less contractual allowances and discounts on patients' accounts	498,839,741	2.00
3.00	Net patient revenues (line 1 minus line 2)	152,410,064	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	184,826,660	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-32,416,596	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	8,881	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	-24,011,034	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	145,716	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,179,000	22.00
23.00	Governmental appropriations	0	23.00
24.00	IDENTIFIED ON TB	2,119,048	24.00
25.00	Total other income (sum of lines 6-24)	-19,558,389	25.00
26.00	Total (line 5 plus line 25)	-51,974,985	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-51,974,985	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140187	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/21/2016 4:03 pm
		Title VIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,774,280	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		11,663	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)		80.56	3.00
4.00	Number of interns & residents (see instructions)		8.67	4.00
5.00	Indirect medical education percentage (see instructions)		3.08	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)		54,648	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.26	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		29.99	8.00
9.00	Sum of lines 7 and 8		36.25	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.62	10.00
11.00	Disproportionate share adjustment (see instructions)		135,200	11.00
12.00	Total prospective capital payments (see instructions)		1,975,791	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00