

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/22/2016 1:10 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: 11/22/2016	Time: 1:10 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 ELMHURST MEMORIAL HOSPITAL (140200) 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	600,082	102,666	79,761	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	600,082	102,666	79,761	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140200		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 1:08 pm							
1.00		2.00		3.00		4.00							
Hospital and Hospital Health Care Complex Address:													
1.00	Street: 155 E BRUSH HILL ROAD		PO Box:										
2.00	City: ELMHURST		State: IL		Zip Code: 60126		County: DUPAGE						
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:													
3.00	Hospital		ELMHURST MEMORIAL HOSPITAL		140200	16974	1	07/01/1966	N	P	O		
4.00	Subprovider - IPF												
5.00	Subprovider - IRF												
6.00	Subprovider - (Other)												
7.00	Swing Beds - SNF												
8.00	Swing Beds - NF												
9.00	Hospital-Based SNF												
10.00	Hospital-Based NF												
11.00	Hospital-Based OLTC												
12.00	Hospital-Based HHA												
13.00	Separately Certified ASC												
14.00	Hospital-Based Hospice												
15.00	Hospital-Based Health Clinic - RHC												
16.00	Hospital-Based Health Clinic - FQHC												
17.00	Hospital-Based (CMHC) I												
18.00	Renal Dialysis												
19.00	Other												
								From:		To:			
								1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)							07/01/2015		06/30/2016			
21.00	Type of Control (see instructions)							2					
Inpatient PPS Information													
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							N		N			
22.01	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			
22.02	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			
22.03	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			
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.									2		N	
				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.			2,410	0	54	0	4,961	0				
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 1:08 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.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	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	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						0.00	0.00	61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count					
	1.00	2.00	3.00	4.00						
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						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		
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00	4.00	5.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						0.00	0.00	0.000000	65.00

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

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		V 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	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	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00	
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00	
				1.00	2.00	
				3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	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.	Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	5,621,792	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.	N			122.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 1:08 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	14H131	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: EDWARD ELMHURST HEALTH	Contractor's Name: NGS		Contractor's Number: 00131		141.00	
142.00	Street: 801 SOUTH WASHINGTON STREET	PO Box:				142.00	
143.00	City: NAPERVILLE	State: IL	Zip Code: 60540	143.00			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00		
		1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			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	168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.25	169.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 1:08 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)		09/01/2015	11/30/2015 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. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			Y 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140200		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part II Date/Time Prepared: 11/22/2016 1:08 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		09/27/2016		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.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/07/2016	Y	11/07/2016		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/22/2016 1:08 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY		LEONE	41.00
42.00	Enter the employer/company name of the cost report preparer.	TONY LEONE, CPA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023		TONY@LEONE-CONSULTING.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.	CONSULTANT	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: 140200

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2016 1:08 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	247	90,402	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)		247	90,402	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	35	12,810	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)		282	103,212	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		282				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: 140200

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2016 1:08 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	26,755	1,943	53,415			1.00
2.00 HMO and other (see instructions)	3,527	5,015				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	26,755	1,943	53,415			7.00
8.00 INTENSIVE CARE UNIT	2,068	370	9,280			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		97	4,755			13.00
14.00 Total (see instructions)	28,823	2,410	67,450	0.00	2,125.97	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	2,125.97	27.00
28.00 Observation Bed Days		0	7,052			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140200

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2016 1:08 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,984	612	16,007	1.00
2.00 HMO and other (see instructions)			809	1,380		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,984	612	16,007	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						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: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part II Date/Time Prepared: 11/22/2016 1:08 pm
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	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	125,762,858	0	125,762,858	4,089,173.00	30.76
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		887,203	0	887,203	8,216.00	107.98
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,509,935	559,099	2,069,034	89,130.00	23.21
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		2,981,262	0	2,981,262	27,877.00	106.94
14.00	Home office salaries & wage-related costs		23,632,795	0	23,632,795	554,277.00	42.64
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		27,876,523	0	27,876,523		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		572,249	0	572,249		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		104,682	0	104,682		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,686,120	0	1,686,120	44,477.00	37.91
27.00	Administrative & General	5.00	9,033,516	-415,960	8,617,556	318,885.00	27.02
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,494,570	-62,759	2,431,811	70,903.00	34.30
31.00	Laundry & Linen Service	8.00	654,793	-80,380	574,413	44,025.00	13.05
32.00	Housekeeping	9.00	3,544,012	0	3,544,012	247,761.00	14.30
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,734,111	-1,693,314	1,040,797	56,553.00	18.40
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,693,314	1,693,314	92,008.00	18.40
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,814,491	0	1,814,491	25,456.00	71.28
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	3,282,643	0	3,282,643	78,854.00	41.63

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140200

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2016 1:08 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,129,065	0	1,129,065	54,689.00	20.65	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140200

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

Worksheet S-3
Part III
Date/Time Prepared:
11/22/2016 1:08 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	124,875,655	0	124,875,655	4,080,957.00	30.60	1.00
2.00	Excluded area salaries (see instructions)	1,509,935	559,099	2,069,034	89,130.00	23.21	2.00
3.00	Subtotal salaries (line 1 minus line 2)	123,365,720	-559,099	122,806,621	3,991,827.00	30.76	3.00
4.00	Subtotal other wages & related costs (see inst.)	26,614,057	0	26,614,057	582,154.00	45.72	4.00
5.00	Subtotal wage-related costs (see inst.)	27,876,523	0	27,876,523	0.00	22.70	5.00
6.00	Total (sum of lines 3 thru 5)	177,856,300	-559,099	177,297,201	4,573,981.00	38.76	6.00
7.00	Total overhead cost (see instructions)	26,373,321	-559,099	25,814,222	1,033,611.00	24.97	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/22/2016 1:08 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,916,521	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	11,957,502	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	696,508	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	196,259	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)	1,119,172	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,329,948	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	9,377,266	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	207,167	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	753,111	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	28,553,454	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140200

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

Worksheet S-3
Part V
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			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

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	0	0	0	0	0	0	1.00			
2.00	Number of times per week patient receives dialysis	0.00	0.00	0.00	0.00	0.00	0.00	2.00			
3.00	Average patient dialysis time including setup	0.00	0.00	0.00	0.00			3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	0	0					5.00			
6.00	Number of stations	0	0	0	0			6.00			
7.00	Treatment capacity per day per station	0	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N		10.01		
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y		10.02		
							Prior to 1/1	After 12/31			
							1.00	2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	4	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						0		11.00		
12.00	Number of patients transplanted during the cost reporting period						0		12.00		
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
							MCP	INITIAL METHOD			
							1.00	2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable								21.00		
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
ESAs											
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140200

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

Worksheet S-7

Date/Time Prepared:
11/22/2016 1:08 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140200

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

Worksheet S-7

Date/Time Prepared:
11/22/2016 1:08 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet A Date/Time Prepared: 11/22/2016 1:08 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT		26,280,126	-11,025,282	15,254,844	1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	10,677,068	10,677,068	2.00	
3.00 00300	OTHER CAP REL COSTS		0	0	0	3.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,686,120	24,946,508	-3,607	26,629,021	4.00	
5.00 00500	ADMINISTRATIVE & GENERAL	9,033,516	85,234,342	-2,518,390	91,749,468	5.00	
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00	
7.00 00700	OPERATION OF PLANT	2,494,570	12,782,132	-534,043	14,742,659	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	654,793	1,145,679	-104,406	1,696,066	8.00	
9.00 00900	HOUSEKEEPING	3,544,012	926,238	-213,221	4,257,029	9.00	
10.00 01000	DIETARY	2,734,111	1,578,661	-2,679,734	1,633,038	10.00	
11.00 01100	CAFETERIA	0	-298	2,671,024	2,670,726	11.00	
13.00 01300	NURSING ADMINISTRATION	1,814,491	48,203	0	1,862,694	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00	
15.00 01500	PHARMACY	3,282,643	29,076,147	-11,090,959	21,267,831	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	1,129,065	34,659	0	1,163,724	16.00	
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00	
23.00 02300	PARAMED ED PRGM-PASTORAL CARE	0	0	444,278	444,278	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	26,111,038	3,129,121	-2,555,072	26,685,087	30.00	
31.00 03100	INTENSIVE CARE UNIT	5,804,758	773,967	-730,966	5,847,759	31.00	
43.00 04300	NURSERY	469,766	0	1,426,040	1,895,806	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	11,538,157	38,561,755	-33,490,508	16,609,404	50.00	
53.00 05300	ANESTHESIOLOGY	172,060	584,896	-561,654	195,302	53.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,411,581	2,459,009	-3,134,259	3,736,331	54.00	
54.01 03630	ULTRASOUND	1,348,786	137,110	1,485,896	1,536,122	54.01	
55.00 05500	RADIOLOGY-THERAPEUTIC	2,519,665	290,459	124,251	2,934,375	55.00	
55.01 05501	CYBERKNIFE	509,955	3,632,976	86,379	4,229,310	55.01	
56.00 05600	RADIOISOTOPE	562,075	1,415,566	-40,313	1,937,328	56.00	
57.00 05700	CT SCAN	982,456	673,850	-389,714	1,266,592	57.00	
58.00 05800	MRI	707,731	227,988	-124,479	811,240	58.00	
59.00 05900	CARDIAC CATHETERIZATION	1,146,882	7,382,478	-7,283,361	1,245,999	59.00	
60.00 06000	LABORATORY	6,142,527	7,970,033	-3,359,936	10,752,624	60.00	
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30	
65.00 06500	RESPIRATORY THERAPY	1,860,254	619,315	-322,525	2,157,044	65.00	
65.01 03610	SLEEP LAB	457,591	50,276	-4,401	503,466	65.01	
66.00 06600	PHYSICAL THERAPY	3,318,596	156,116	-95,810	3,378,902	66.00	
67.00 06700	OCCUPATIONAL THERAPY	455,203	7,406	49,286	511,895	67.00	
68.00 06800	SPEECH PATHOLOGY	226,497	1,804	25,890	254,191	68.00	
69.00 06900	ELECTROCARDIOLOGY	861,882	1,930,809	-152,119	2,640,572	69.00	
70.00 07000	ELECTROENCEPHALOGRAPHY	104,048	105	-105	104,048	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	23,522,847	23,522,847	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	31,818,815	31,818,815	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	10,901,447	10,901,447	73.00	
74.00 07400	RENAL DIALYSIS	0	741,897	-110	741,787	74.00	
76.00 03020	CARDIAC REHABILITATION	0	0	0	0	76.00	
76.97 07697	CARDIAC REHABILITATION	421,689	14,536	-10,187	426,038	76.97	
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98	
76.99 07699	LI THOTRI PSY	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	19,494,598	7,980,323	-546,262	26,928,659	90.00	
90.01 09001	OUTPATIENT CLINICS	2,569,100	604,367	-204,911	2,968,556	90.01	
91.00 09100	EMERGENCY	5,682,707	1,433,763	-1,052,129	6,064,341	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE		-32,968	-32,968	32,968	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	124,252,923	262,799,354	-397,944	386,654,333	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	346,958	668,754	0	1,015,712	190.00	
192.00 19200	PHYSICIANS' PRIVATE OFFICES	-2,773	2,575,906	397,944	2,971,077	192.00	
192.01 19201	SCHOOL NURSES	839,179	0	0	839,179	192.01	
194.00 07950	OUTPATIENT PHARMACY	326,571	2,114,563	0	2,441,134	194.00	
200.00	TOTAL (SUM OF LINES 118-199)	125,762,858	268,158,577	0	393,921,435	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140200

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

Worksheet A
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	15,254,844	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-3,968	10,673,100	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,745,088	30,374,109	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-16,651,676	75,097,792	5.00
6.00	00600	MAINTENANCE & REPAIRS	-391,447	-391,447	6.00
7.00	00700	OPERATION OF PLANT	-412,033	14,330,626	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-654,793	1,041,273	8.00
9.00	00900	HOUSEKEEPING	-48,310	4,208,719	9.00
10.00	01000	DIETARY	-149,903	1,483,135	10.00
11.00	01100	CAFETERIA	-2,132,224	538,502	11.00
13.00	01300	NURSING ADMINISTRATION	-135,461	1,727,233	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	250,109	21,517,940	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,915,290	4,079,014	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	0	444,278	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,303,076	25,382,011	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,847,759	31.00
43.00	04300	NURSERY	-366,667	1,529,139	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-20	16,609,384	50.00
53.00	05300	ANESTHESIOLOGY	0	195,302	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,736,331	54.00
54.01	03630	ULTRASOUND	0	1,536,122	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,934,375	55.00
55.01	05501	CYBERKNIFE	0	4,229,310	55.01
56.00	05600	RADIOISOTOPE	0	1,937,328	56.00
57.00	05700	CT SCAN	0	1,266,592	57.00
58.00	05800	MRI	0	811,240	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,245,999	59.00
60.00	06000	LABORATORY	-367,969	10,384,655	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-54,780	2,102,264	65.00
65.01	03610	SLEEP LAB	0	503,466	65.01
66.00	06600	PHYSICAL THERAPY	-9,007	3,369,895	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	511,895	67.00
68.00	06800	SPEECH PATHOLOGY	0	254,191	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,720,101	920,471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	104,048	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,522,847	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	31,818,815	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,901,447	73.00
74.00	07400	RENAL DIALYSIS	0	741,787	74.00
76.00	03020	CARDIAC REHABILITATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	426,038	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-848,559	26,080,100	90.00
90.01	09001	OUTPATIENT CLINICS	0	2,968,556	90.01
91.00	09100	EMERGENCY	-129,105	5,935,236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-18,468,612	368,185,721	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,015,712	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,893,013	1,078,064	192.00
192.01	19201	SCHOOL NURSES	0	839,179	192.01
194.00	07950	OUTPATIENT PHARMACY	0	2,441,134	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-20,361,625	373,559,810	200.00

RECLASSIFICATIONS

Provider CCN: 140200

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	1,693,314	977,710	1.00
	TOTALS		1,693,314	977,710	
B - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,677,068	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	10,677,068	
C - DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,901,447	1.00
	TOTALS		0	10,901,447	
D - RADIOLOGY SUPPORT					
1.00	ULTRASOUND	54.01	161,645	1,225	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	301,969	2,595	2.00
3.00	CYBERKNIFE	55.01	61,116	32,459	3.00
4.00	RADIOISOTOPE	56.00	67,362	12,647	4.00
5.00	CT SCAN	57.00	117,742	6,021	5.00
6.00	MRI	58.00	84,818	2,037	6.00
	TOTALS		794,652	56,984	
E - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	23,522,847	1.00
2.00		0.00	0	0	2.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
	TOTALS		0	23,522,847	
G - NURSERY					
1.00	NURSERY	43.00	927,408	131,965	1.00
	TOTALS		927,408	131,965	
H - PARAMEDICAL ED PASTORAL CARE					
1.00	PARAMEDICAL PRGM-PASTORAL CARE	23.00	415,960	28,318	1.00
	TOTALS		415,960	28,318	
I - REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	49,981	4,191	1.00
2.00	SPEECH PATHOLOGY	68.00	24,869	1,021	2.00
	TOTALS		74,850	5,212	
J - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	31,818,815	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

Provider CCN: 140200

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

Worksheet A-6

Date/Time Prepared:
11/22/2016 1:08 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	31,818,815	
K - LOMBARD POB COSTS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	113,971	117,819	1.00
2.00		0.00	0	0	2.00
	TOTALS		113,971	117,819	
L - POB BUILDING COSTS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	29,168	136,986	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	539,777	2.00
	TOTALS		29,168	676,763	
M - PHYSICIAN FEES					
1.00	ADULTS & PEDIATRICS	30.00	0	1,017,010	1.00
2.00	NURSERY	43.00	0	366,667	2.00
3.00	OPERATING ROOM	50.00	0	711,100	3.00
4.00	EMERGENCY	91.00	0	136,940	4.00
5.00	RESPIRATORY THERAPY	65.00	0	54,780	5.00
6.00	CLINIC	90.00	0	266,625	6.00
	TOTALS		0	2,553,122	
N - INTEREST EXP TO LINE 1					
1.00	INTEREST EXPENSE	113.00	0	32,968	1.00
	TOTALS		0	32,968	
500.00	Grand Total : Increases		4,049,323	81,501,038	500.00

RECLASSIFICATIONS

Provider CCN: 140200

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

Worksheet A-6
Date/Time Prepared:
11/22/2016 1:08 pm

		Decreases				
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.	
6.00		7.00	8.00	9.00	10.00	
A - CAFETERIA						
1.00	DIETARY	10.00	1,693,314	977,710	0	1.00
	TOTALS		1,693,314	977,710		
B - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,677,068	9	1.00
2.00		0.00	0	0	9	2.00
	TOTALS		0	10,677,068		
C - DRUGS SOLD						
1.00	PHARMACY	15.00	0	10,901,447	0	1.00
	TOTALS		0	10,901,447		
D - RADIOLOGY SUPPORT						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	794,652	56,984	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
	TOTALS		794,652	56,984		
E - CHARGEABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,607	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	60,767	0	2.00
4.00	OPERATION OF PLANT	7.00	0	864	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	15,110	0	5.00
6.00	HOUSEKEEPING	9.00	0	213,221	0	6.00
7.00	DIETARY	10.00	0	8,710	0	7.00
8.00	PHARMACY	15.00	0	189,512	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	2,382,999	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	717,812	0	10.00
11.00	OPERATING ROOM	50.00	0	8,505,315	0	11.00
12.00	ANESTHESIOLOGY	53.00	0	561,483	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,682,359	0	13.00
14.00	ULTRASOUND	54.01	0	111,959	0	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	180,271	0	15.00
16.00	CYBERKNIFE	55.01	0	7,196	0	16.00
17.00	RADIOISOTOPE	56.00	0	120,322	0	17.00
18.00	CT SCAN	57.00	0	507,851	0	18.00
19.00	MRI	58.00	0	211,334	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	2,049,189	0	20.00
21.00	LABORATORY	60.00	0	3,359,936	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	368,594	0	22.00
23.00	SLEEP LAB	65.01	0	4,401	0	23.00
24.00	PHYSICAL THERAPY	66.00	0	15,748	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	4,886	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	149,132	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	105	0	27.00
28.00	RENAL DIALYSIS	74.00	0	110	0	28.00
29.00	CARDIAC REHABILITATION	76.97	0	10,187	0	29.00
30.00	CLINIC	90.00	0	779,756	0	30.00
31.00	OUTPATIENT CLINICS	90.01	0	162,157	0	31.00
32.00	EMERGENCY	91.00	0	1,137,954	0	32.00
	TOTALS		0	23,522,847		
G - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	927,408	131,965	0	1.00
	TOTALS		927,408	131,965		
H - PARAMEDICAL ED PASTORAL CARE						
1.00	ADMINISTRATIVE & GENERAL	5.00	415,960	28,318	0	1.00
	TOTALS		415,960	28,318		
I - REHAB ADMIN						
1.00	PHYSICAL THERAPY	66.00	74,850	5,212	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		74,850	5,212		
J - IMPLANTS						
1.00	ADULTS & PEDIATRICS	30.00	0	129,710	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	13,154	0	2.00
3.00	OPERATING ROOM	50.00	0	25,696,293	0	3.00
4.00	ANESTHESIOLOGY	53.00	0	171	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	600,264	0	5.00
6.00	ULTRASOUND	54.01	0	685	0	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	42	0	7.00
8.00	CT SCAN	57.00	0	5,626	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	5,234,172	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	8,711	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	2,987	0	11.00
12.00	CLINIC	90.00	0	33,131	0	12.00

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	OUTPATIENT CLINICS	90.01	0	42,754	0	13.00	
14.00	EMERGENCY	91.00	0	51,115	0	14.00	
	TOTALS		0	31,818,815			
K - LOMBARD POB COSTS							
1.00	OPERATION OF PLANT	7.00	33,591	108,903	0	1.00	
2.00	LAUNDRY & LINEN SERVICE	8.00	80,380	8,916	0	2.00	
	TOTALS		113,971	117,819			
L - POB BUILDING COSTS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	315,246	9	1.00	
2.00	OPERATION OF PLANT	7.00	29,168	361,517	0	2.00	
	TOTALS		29,168	676,763			
M - PHYSICIAN FEES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,553,122	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
	TOTALS		0	2,553,122			
N - INTEREST EXP TO LINE 1							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	32,968	11	1.00	
	TOTALS		0	32,968			
500.00	Grand Total: Decreases		4,049,323	81,501,038		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140200

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

Worksheet A-7
Part I
Date/Time Prepared:
11/22/2016 1:08 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	32,023,000	0	0	0	731,206	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	444,536,000	1,295,527	0	1,295,527	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	196,552,000	8,534,038	0	8,534,038	16,596,126	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	673,111,000	9,829,565	0	9,829,565	17,327,332	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	673,111,000	9,829,565	0	9,829,565	17,327,332	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	31,291,794	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	445,831,527	0	0	0	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	188,489,912	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	665,613,233	0	0	0	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	665,613,233	0	0	0	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140200

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

Worksheet A-7
Part II
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	26,280,126	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	26,280,126	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	26,280,126				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	26,280,126				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140200

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

Worksheet A-7
Part III
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	477,122,863	0	477,122,863	0.716817	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	188,490,299	0	188,490,299	0.283183	0	2.00
3.00	Total (sum of lines 1-2)	665,613,162	0	665,613,162	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	15,287,812	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,673,100	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	25,960,912	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-32,968	0	0	0	15,254,844	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	10,673,100	2.00
3.00	Total (sum of lines 1-2)	-32,968	0	0	0	25,927,944	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140200

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

Worksheet A-8

Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			3.00	4.00		
	1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)			0		0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-39,309		ADMINISTRATIVE & GENERAL	5.00	0 7.00
8.00 Television and radio service (chapter 21)			0		0.00	0 8.00
9.00 Parking lot (chapter 21)			0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-4,633,222				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	-9,181,161				0 12.00
13.00 Laundry and linen service			0		0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-2,136,487		CAFETERIA	11.00	0 14.00
15.00 Rental of quarters to employee and others			0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0 16.00
17.00 Sale of drugs to other than patients			0		0.00	0 17.00
18.00 Sale of medical records and abstracts			0		0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0 19.00
20.00 Vending machines	B	-104,039		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 - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant			0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00			0		0.00	0 33.00
33.01 OTHER OPERATING REVENUE	B	-70,055		ADMINISTRATIVE & GENERAL	5.00	0 33.01

Provider CCN: 140200

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

Worksheet A-8

Date/Time Prepared:
 11/22/2016 1:08 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
33.02		0			0.00	0	33.02
33.03		0			0.00	0	33.03
33.04	PATIENT PHONE DEPRECIATION	A	-3,968	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.04
33.05			0		0.00	0	33.05
33.06	DIETARY LEASED EMPLOYEES	B	-45,864	DIETARY	10.00	0	33.06
33.07			0		0.00	0	33.07
33.08	LOBBYING PORTION OF DUES	A	-76,289	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09			0		0.00	0	33.09
33.10	HOUSEKEEPING OTHER REVENUE	B	-48,310	HOUSEKEEPING	9.00	0	33.10
34.00	DONATIONS	A	-197,702	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00			0		0.00	0	35.00
36.00			0		0.00	0	36.00
36.01	REV OTHER	B	-135,461	NURSING ADMINISTRATION	13.00	0	36.01
36.02	CATERING	B	4,263	CAFETERIA	11.00	0	36.02
36.03	OTHER REVENUE	B	-327,313	ADULTS & PEDIATRICS	30.00	0	36.03
36.04	OTHER REVENUE	B	-8,847	PHYSICAL THERAPY	66.00	0	36.04
36.05	OTHER REVENUE	B	-160	PHYSICAL THERAPY	66.00	0	36.05
36.06	OTHER REVENUE	B	-6,205	CLINIC	90.00	0	36.06
36.07	OTHER REVENUE	B	-165	EMERGENCY	91.00	0	36.07
36.08	OTHER REVENUE	B	-40,124	MAINTENANCE & REPAIRS	6.00	0	36.08
36.09	OTHER REVENUE - RENTAL	B	-330,000	MAINTENANCE & REPAIRS	6.00	0	36.09
36.10	OTHER REVENUE - DISCOUNT	B	-21,323	MAINTENANCE & REPAIRS	6.00	0	36.10
36.11	LAUNDRY & LINEN LEASED EMPL	B	-654,793	LAUNDRY & LINEN SERVICE	8.00	0	36.11
36.12	OTHER REVENUE	B	-412,033	OPERATION OF PLANT	7.00	0	36.12
36.13	OTHER REVENUE	B	-45	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.13
36.14	PHYSICIAN PROFESSIONAL COMPONENT	A	-1,893,013	PHYSICIANS' PRIVATE OFFICES	192.00	0	36.14
36.15			0		0.00	0	36.15
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,361,625				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: 140200

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2016 1:08 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	3,745,133	0
2.00	5.00	ADMINISTRATIVE & GENERAL	A & G VARIOUS	37,814,206	54,877,715
3.00	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE	5,621,792	4,649,976
3.01	15.00	PHARMACY	RX	250,109	0
4.00	16.00	MEDICAL RECORDS & LIBRARY	MED RECORDS	2,915,290	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			50,346,530	59,527,691

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

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

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

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

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

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

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

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

Provider CCN: 140200

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2016 1:08 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	3,745,133	9		1.00
2.00	-17,063,509	0		2.00
3.00	971,816	0		3.00
3.01	250,109	0		3.01
4.00	2,915,290	0		4.00
5.00	-9,181,161			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140200

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2016 1:08 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	717,275	52,694	664,581	211,500	5,317	1.00
2.00	30.00	ADULTS & PEDIATRICS	240,360	0	240,360	211,500	1,923	2.00
3.00	50.00	OPERATING ROOM	375	0	375	246,400	3	3.00
4.00	60.00	LABORATORY	367,969	367,969	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	1,753,046	1,712,546	40,500	211,500	324	5.00
6.00	90.00	CLINIC	842,354	842,354	0	0	0	6.00
7.00	50.00	OPERATING ROOM	144,300	0	144,300	246,400	1,443	7.00
8.00	30.00	ADULTS & PEDIATRICS	930,939	930,939	0	0	0	8.00
9.00	90.00	CLINIC	23,250	0	23,250	211,500	233	9.00
10.00	90.00	CLINIC	243,375	0	243,375	211,500	2,434	10.00
11.00	91.00	EMERGENCY	128,940	128,940	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	54,780	54,780	0	0	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	86,071	0	86,071	211,500	861	13.00
14.00	50.00	OPERATING ROOM	152,000	0	152,000	246,400	1,520	14.00
15.00	50.00	OPERATING ROOM	8,500	0	8,500	246,400	85	15.00
16.00	50.00	OPERATING ROOM	3,500	0	3,500	246,400	35	16.00
17.00	43.00	NURSERY	366,667	366,667	0	0	0	17.00
18.00	91.00	EMERGENCY	410,800	0	410,800	211,500	4,108	18.00
200.00			6,474,501	4,456,889	2,017,612		18,286	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	540,647	27,032	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	195,536	9,777	0	0	0	2.00
3.00	50.00	OPERATING ROOM	355	18	0	0	0	3.00
4.00	60.00	LABORATORY	0	0	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	32,945	1,647	0	0	0	5.00
6.00	90.00	CLINIC	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	170,940	8,547	0	0	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	8.00
9.00	90.00	CLINIC	23,692	1,185	0	0	0	9.00
10.00	90.00	CLINIC	247,496	12,375	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	87,549	4,377	0	0	0	13.00
14.00	50.00	OPERATING ROOM	180,061	9,003	0	0	0	14.00
15.00	50.00	OPERATING ROOM	10,069	503	0	0	0	15.00
16.00	50.00	OPERATING ROOM	4,146	207	0	0	0	16.00
17.00	43.00	NURSERY	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	417,713	20,886	0	0	0	18.00
200.00			1,911,149	95,557	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	540,647	123,934	176,628		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	195,536	44,824	44,824		2.00
3.00	50.00	OPERATING ROOM	0	355	20	20		3.00
4.00	60.00	LABORATORY	0	0	0	367,969		4.00
5.00	69.00	ELECTROCARDIOLOGY	0	32,945	7,555	1,720,101		5.00
6.00	90.00	CLINIC	0	0	0	842,354		6.00
7.00	50.00	OPERATING ROOM	0	170,940	0	0		7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	930,939		8.00
9.00	90.00	CLINIC	0	23,692	0	0		9.00
10.00	90.00	CLINIC	0	247,496	0	0		10.00
11.00	91.00	EMERGENCY	0	0	0	128,940		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	54,780		12.00
13.00	30.00	ADULTS & PEDIATRICS	0	87,549	0	0		13.00
14.00	50.00	OPERATING ROOM	0	180,061	0	0		14.00
15.00	50.00	OPERATING ROOM	0	10,069	0	0		15.00
16.00	50.00	OPERATING ROOM	0	4,146	0	0		16.00
17.00	43.00	NURSERY	0	0	0	366,667		17.00
18.00	91.00	EMERGENCY	0	417,713	0	0		18.00
200.00			0	1,911,149	176,333	4,633,222		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140200

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	15,254,844	15,254,844			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,673,100		10,673,100		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	30,374,109	136,778	20,861	30,531,748	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	75,097,792	2,046,533	3,385,597	2,120,531	5.00
6.00 00600	MAINTENANCE & REPAIRS	-391,447	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	14,330,626	790,285	819,466	598,398	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,041,273	37,624	21,962	141,346	8.00
9.00 00900	HOUSEKEEPING	4,208,719	34,765	33,277	872,079	9.00
10.00 01000	DIETARY	1,483,135	296,334	157,297	256,110	10.00
11.00 01100	CAFETERIA	538,502	415,614	0	416,675	11.00
13.00 01300	NURSING ADMINISTRATION	1,727,233	20,333	22,644	446,494	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	21,517,940	57,911	83,182	807,763	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,079,014	42,119	14,732	277,830	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00 02300	PARAMED ED PRGM-PASTORAL CARE	444,278	0	0	102,356	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	25,382,011	5,239,647	1,470,043	6,197,023	30.00
31.00 03100	INTENSIVE CARE UNIT	5,847,759	722,599	71,994	1,428,383	31.00
43.00 04300	NURSERY	1,529,139	0	0	343,804	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,609,384	1,456,125	1,606,114	2,839,206	50.00
53.00 05300	ANESTHESIOLOGY	195,302	9,129	57,316	42,339	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,736,331	428,916	522,975	890,021	54.00
54.01 03630	ULTRASOUND	1,536,122	41,681	88,430	371,673	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	2,934,375	693,920	652,507	694,322	55.00
55.01 05501	CYBERKNIFE	4,229,310	0	0	140,524	55.01
56.00 05600	RADIOISOTOPE	1,937,328	95,627	38,487	154,886	56.00
57.00 05700	CT SCAN	1,266,592	61,853	94,539	270,727	57.00
58.00 05800	MRI	811,240	63,997	86,818	195,023	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,245,999	288,080	495,925	282,214	59.00
60.00 06000	LABORATORY	10,384,655	677,644	374,487	1,511,498	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	2,102,264	145,608	56,312	457,755	65.00
65.01 03610	SLEEP LAB	503,466	0	17,978	112,600	65.01
66.00 06600	PHYSICAL THERAPY	3,369,895	37,163	7,651	798,192	66.00
67.00 06700	OCCUPATIONAL THERAPY	511,895	37,117	2,774	124,311	67.00
68.00 06800	SPEECH PATHOLOGY	254,191	0	0	61,854	68.00
69.00 06900	ELECTROCARDIOLOGY	920,471	258,733	73,172	212,084	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	104,048	0	0	25,603	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,522,847	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	31,818,815	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,901,447	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	741,787	20,287	497	0	74.00
76.00 03020	CARDIAC REHABILITATION	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	426,038	0	16,389	103,765	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	26,080,100	0	243,652	4,797,055	90.00
90.01 09001	OUTPATIENT CLINICS	2,968,556	0	38,238	632,181	90.01
91.00 09100	EMERGENCY	5,935,236	761,260	83,959	1,398,349	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	368,185,721	14,917,682	10,659,275	30,124,974	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,015,712	152,340	13,825	85,376	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,078,064	184,822	0	34,540	192.00
192.01 19201	SCHOOL NURSES	839,179	0	0	206,498	192.01
194.00 07950	OUTPATIENT PHARMACY	2,441,134	0	0	80,360	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	373,559,810	15,254,844	10,673,100	30,531,748	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/22/2016 1:08 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	82,650,453				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	-391,447			6.00
7.00	00700	OPERATION OF PLANT	4,692,530	0	21,231,305		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	352,450	0	65,042	1,659,697	8.00
9.00	00900	HOUSEKEEPING	1,460,875	0	60,101	12,548	6,682,364
10.00	01000	DIETARY	622,183	0	512,289	0	162,194
11.00	01100	CAFETERIA	388,933	0	718,496	0	227,481
13.00	01300	NURSING ADMINISTRATION	628,943	0	35,152	0	11,129
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	6,374,482	0	100,114	0	31,697
16.00	01600	MEDICAL RECORDS & LIBRARY	1,252,293	0	72,814	0	23,053
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED PRGM-PASTORAL CARE	155,096	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,863,586	0	9,058,081	335,227	2,867,855
31.00	03100	INTENSIVE CARE UNIT	2,289,902	0	1,249,198	86,733	395,505
43.00	04300	NURSERY	531,408	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,386,975	0	2,517,287	156,440	796,991
53.00	05300	ANESTHESIOLOGY	86,278	0	15,782	0	4,997
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,582,709	0	741,492	62,011	234,762
54.01	03630	ULTRASOUND	578,213	0	72,057	924	22,814
55.00	05500	RADIOLOGY-THERAPEUTIC	1,411,587	0	1,199,619	2,396	379,808
55.01	05501	CYBERKNIFE	1,239,849	0	0	0	0
56.00	05600	RADIOISOTOPE	631,674	0	165,316	12,115	52,340
57.00	05700	CT SCAN	480,555	0	106,930	8,105	33,855
58.00	05800	MRI	328,297	0	110,636	21,232	35,028
59.00	05900	CARDIAC CATHETERIZATION	656,043	0	498,021	22,520	157,677
60.00	06000	LABORATORY	3,673,804	0	1,171,482	294	370,900
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	783,642	0	251,721	0	79,697
65.01	03610	SLEEP LAB	179,897	0	0	4,061	0
66.00	06600	PHYSICAL THERAPY	1,195,322	0	64,245	3,489	20,341
67.00	06700	OCCUPATIONAL THERAPY	191,828	0	64,166	0	20,315
68.00	06800	SPEECH PATHOLOGY	89,671	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	415,510	0	447,287	0	141,614
70.00	07000	ELECTROENCEPHALOGRAPHY	36,786	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,674,114	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,027,921	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,093,057	0	0	0	0
74.00	07400	RENAL DIALYSIS	216,364	0	35,072	1,923	11,104
76.00	03020	CARDIAC REHABILITATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	154,971	0	0	481	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,829,875	0	0	14,884	0
90.01	09001	OUTPATIENT CLINICS	1,032,483	0	0	18,638	0
91.00	09100	EMERGENCY	2,320,564	0	1,316,034	152,033	416,666
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	80,910,670	0	20,648,434	916,054	6,497,823
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	359,556	0	263,358	9,008	83,381
192.00	19200	PHYSICIANS' PRIVATE OFFICES	368,117	0	319,513	734,635	101,160
192.01	19201	SCHOOL NURSES	296,689	0	0	0	0
194.00	07950	OUTPATIENT PHARMACY	715,421	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	-391,447	0	0	0
202.00		TOTAL (sum lines 118-201)	82,650,453	-391,447	21,231,305	1,659,697	6,682,364

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140200

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 1:08 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
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	3,489,542					10.00
11.00	01100	0	2,705,701				11.00
13.00	01300	0	13,913	2,905,841			13.00
14.00	01400	0	0	0	0		14.00
15.00	01500	0	54,472	0	0	29,027,561	15.00
16.00	01600	0	42,820	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,131,709	802,931	1,521,567	0	17,302	30.00
31.00	03100	357,833	160,952	305,006	0	1,107	31.00
43.00	04300	0	11,329	21,469	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	277,421	525,718	0	46,801	50.00
53.00	05300	0	7,206	13,656	0	10,571	53.00
54.00	05400	0	106,308	0	0	3,620	54.00
54.01	03630	0	23,901	0	0	812	54.01
55.00	05500	0	40,107	76,004	0	6	55.00
55.01	05501	0	5,728	10,854	0	0	55.01
56.00	05600	0	10,564	0	0	1,005,140	56.00
57.00	05700	0	21,848	0	0	1,100	57.00
58.00	05800	0	13,873	0	0	2,826	58.00
59.00	05900	0	22,717	0	0	300	59.00
60.00	06000	0	164,218	0	0	1,140,983	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	60,298	0	0	22,193	65.00
65.01	03610	0	13,653	0	0	0	65.01
66.00	06600	0	57,455	0	0	0	66.00
67.00	06700	0	5,925	0	0	397	67.00
68.00	06800	0	2,833	0	0	0	68.00
69.00	06900	0	19,520	0	0	2	69.00
70.00	07000	0	4,502	0	0	0	70.00
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	21,840,420	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	7,889	14,950	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	494,980	0	0	3,262,053	90.00
90.01	09001	0	42,409	80,366	0	252	90.01
91.00	09100	0	177,439	336,251	0	40,698	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		3,489,542	2,667,211	2,905,841	0	27,396,583	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	13,352	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	20,193	0	0	0	192.01
194.00	07950	0	4,945	0	0	1,630,978	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		3,489,542	2,705,701	2,905,841	0	29,027,561	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140200

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,804,675				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	701,730		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	664,660	0	407,313	67,958,955	0 30.00
31.00	03100	INTENSIVE CARE UNIT	111,377	0	110,683	13,139,031	0 31.00
43.00	04300	NURSERY	7,013	0	0	2,444,162	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	453,211	0	0	33,671,673	0 50.00
53.00	05300	ANESTHESIOLOGY	172,813	0	0	615,389	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	209,731	0	0	8,518,876	0 54.00
54.01	03630	ULTRASOUND	90,234	0	0	2,826,861	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	109,514	0	0	8,194,165	0 55.00
55.01	05501	CYBERKNIFE	50,510	0	0	5,676,775	0 55.01
56.00	05600	RADIOISOTOPE	59,704	0	0	4,163,181	0 56.00
57.00	05700	CT SCAN	381,499	0	0	2,727,603	0 57.00
58.00	05800	MRI	151,464	0	0	1,820,434	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	154,213	0	0	3,823,709	0 59.00
60.00	06000	LABORATORY	464,934	0	0	19,934,899	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	104,454	0	0	4,063,944	0 65.00
65.01	03610	SLEEP LAB	18,285	0	0	849,940	0 65.01
66.00	06600	PHYSICAL THERAPY	68,933	0	0	5,622,686	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	12,370	0	0	971,098	0 67.00
68.00	06800	SPEECH PATHOLOGY	5,889	0	0	414,438	0 68.00
69.00	06900	ELECTROCARDIOLOGY	94,110	0	0	2,582,503	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,443	0	0	173,382	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	364,617	0	0	30,561,578	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	357,113	0	0	41,203,849	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,036,994	0	0	36,871,918	0 73.00
74.00	07400	RENAL DIALYSIS	7,195	0	0	1,034,229	0 74.00
76.00	03020	CARDIAC REHABILITATION	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	9,364	0	0	733,847	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	267,502	0	0	43,990,101	0 90.00
90.01	09001	OUTPATIENT CLINICS	32,702	0	73,051	4,918,876	0 90.01
91.00	09100	EMERGENCY	341,827	0	110,683	13,390,999	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,804,675	0	701,730	362,899,101	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,995,908	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,820,851	0 192.00
192.01	19201	SCHOOL NURSES	0	0	0	1,362,559	0 192.01
194.00	07950	OUTPATIENT PHARMACY	0	0	0	4,872,838	0 194.00
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers	0	0	0	-391,447	0 201.00
202.00		TOTAL (sum lines 118-201)	5,804,675	0	701,730	373,559,810	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/22/2016 1:08 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
23.00	02300 PARAMED ED PRGM-PASTORAL CARE		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	67,958,955	30.00
31.00	03100 INTENSIVE CARE UNIT	13,139,031	31.00
43.00	04300 NURSERY	2,444,162	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	33,671,673	50.00
53.00	05300 ANESTHESIOLOGY	615,389	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,518,876	54.00
54.01	03630 ULTRASOUND	2,826,861	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	8,194,165	55.00
55.01	05501 CYBERKNIFE	5,676,775	55.01
56.00	05600 RADIOISOTOPE	4,163,181	56.00
57.00	05700 CT SCAN	2,727,603	57.00
58.00	05800 MRI	1,820,434	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,823,709	59.00
60.00	06000 LABORATORY	19,934,899	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500 RESPIRATORY THERAPY	4,063,944	65.00
65.01	03610 SLEEP LAB	849,940	65.01
66.00	06600 PHYSICAL THERAPY	5,622,686	66.00
67.00	06700 OCCUPATIONAL THERAPY	971,098	67.00
68.00	06800 SPEECH PATHOLOGY	414,438	68.00
69.00	06900 ELECTROCARDIOLOGY	2,582,503	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	173,382	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	30,561,578	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	41,203,849	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	36,871,918	73.00
74.00	07400 RENAL DIALYSIS	1,034,229	74.00
76.00	03020 CARDIAC REHABILITATION	0	76.00
76.97	07697 CARDIAC REHABILITATION	733,847	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	43,990,101	90.00
90.01	09001 OUTPATIENT CLINICS	4,918,876	90.01
91.00	09100 EMERGENCY	13,390,999	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	362,899,101	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,995,908	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,820,851	192.00
192.01	19201 SCHOOL NURSES	1,362,559	192.01
194.00	07950 OUTPATIENT PHARMACY	4,872,838	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	-391,447	201.00
202.00	TOTAL (sum lines 118-201)	373,559,810	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140200

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	136,778	20,861	157,639	157,639 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	2,046,533	3,385,597	5,432,130	10,944 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	790,285	819,466	1,609,751	3,088 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	37,624	21,962	59,586	730 8.00
9.00 00900	HOUSEKEEPING	0	34,765	33,277	68,042	4,501 9.00
10.00 01000	DIETARY	0	296,334	157,297	453,631	1,322 10.00
11.00 01100	CAFETERIA	0	415,614	0	415,614	2,151 11.00
13.00 01300	NURSING ADMINISTRATION	0	20,333	22,644	42,977	2,304 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	0	57,911	83,182	141,093	4,169 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	42,119	14,732	56,851	1,434 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
23.00 02300	PARAMED PRGM-PASTORAL CARE	0	0	0	0	528 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	5,239,647	1,470,043	6,709,690	32,044 30.00
31.00 03100	INTENSIVE CARE UNIT	0	722,599	71,994	794,593	7,372 31.00
43.00 04300	NURSERY	0	0	0	0	1,774 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,456,125	1,606,114	3,062,239	14,653 50.00
53.00 05300	ANESTHESIOLOGY	0	9,129	57,316	66,445	219 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	428,916	522,975	951,891	4,593 54.00
54.01 03630	ULTRASOUND	0	41,681	88,430	130,111	1,918 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	693,920	652,507	1,346,427	3,583 55.00
55.01 05501	CYBERKNIFE	0	0	0	0	725 55.01
56.00 05600	RADIOISOTOPE	0	95,627	38,487	134,114	799 56.00
57.00 05700	CT SCAN	0	61,853	94,539	156,392	1,397 57.00
58.00 05800	MRI	0	63,997	86,818	150,815	1,007 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	288,080	495,925	784,005	1,457 59.00
60.00 06000	LABORATORY	0	677,644	374,487	1,052,131	7,801 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	145,608	56,312	201,920	2,363 65.00
65.01 03610	SLEEP LAB	0	0	17,978	17,978	581 65.01
66.00 06600	PHYSICAL THERAPY	0	37,163	7,651	44,814	4,120 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	37,117	2,774	39,891	642 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	319 68.00
69.00 06900	ELECTROCARDIOLOGY	0	258,733	73,172	331,905	1,095 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	132 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	20,287	497	20,784	0 74.00
76.00 03020	CARDIAC REHABILITATION	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	16,389	16,389	536 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	243,652	243,652	24,758 90.00
90.01 09001	OUTPATIENT CLINICS	0	0	38,238	38,238	3,263 90.01
91.00 09100	EMERGENCY	0	761,260	83,959	845,219	7,217 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	14,917,682	10,659,275	25,576,957	155,539 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	152,340	13,825	166,165	441 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	184,822	0	184,822	178 192.00
192.01 19201	SCHOOL NURSES	0	0	0	0	1,066 192.01
194.00 07950	OUTPATIENT PHARMACY	0	0	0	0	415 194.00
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	15,254,844	10,673,100	25,927,944	157,639 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140200

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,443,074					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	309,027	0	1,921,866			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,211	0	5,888	89,415		8.00
9.00	00900	HOUSEKEEPING	96,206	0	5,440	676	174,865	9.00
10.00	01000	DIETARY	40,974	0	46,373	0	4,244	10.00
11.00	01100	CAFETERIA	25,613	0	65,039	0	5,953	11.00
13.00	01300	NURSING ADMINISTRATION	41,419	0	3,182	0	291	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	419,792	0	9,062	0	829	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	82,470	0	6,591	0	603	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	10,214	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	715,543	0	819,940	18,060	75,045	30.00
31.00	03100	INTENSIVE CARE UNIT	150,802	0	113,078	4,673	10,350	31.00
43.00	04300	NURSERY	34,996	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	420,615	0	227,866	8,428	20,856	50.00
53.00	05300	ANESTHESIOLOGY	5,682	0	1,429	0	131	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	104,229	0	67,120	3,341	6,143	54.00
54.01	03630	ULTRASOUND	38,078	0	6,523	50	597	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	92,960	0	108,590	129	9,939	55.00
55.01	05501	CYBERKNIFE	81,650	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	41,599	0	14,964	653	1,370	56.00
57.00	05700	CT SCAN	31,647	0	9,679	437	886	57.00
58.00	05800	MRI	21,620	0	10,015	1,144	917	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,204	0	45,081	1,213	4,126	59.00
60.00	06000	LABORATORY	241,939	0	106,043	16	9,706	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	51,607	0	22,786	0	2,086	65.00
65.01	03610	SLEEP LAB	11,847	0	0	219	0	65.01
66.00	06600	PHYSICAL THERAPY	78,718	0	5,816	188	532	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,633	0	5,808	0	532	67.00
68.00	06800	SPEECH PATHOLOGY	5,905	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27,363	0	40,489	0	3,706	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,423	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	439,524	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	594,535	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	203,694	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	14,249	0	3,175	104	291	74.00
76.00	03020	CARDIAC REHABILITATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,206	0	0	26	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	581,492	0	0	802	0	90.00
90.01	09001	OUTPATIENT CLINICS	67,994	0	0	1,004	0	90.01
91.00	09100	EMERGENCY	152,821	0	119,128	8,191	10,903	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,328,501	0	1,869,105	49,354	170,036	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,679	0	23,839	485	2,182	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,242	0	28,922	39,576	2,647	192.00
192.01	19201	SCHOOL NURSES	19,538	0	0	0	0	192.01
194.00	07950	OUTPATIENT PHARMACY	47,114	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,443,074	0	1,921,866	89,415	174,865	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140200		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/22/2016 1:08 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
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	546,544					10.00
11.00	01100	0	514,370				11.00
13.00	01300	0	2,645	92,818			13.00
14.00	01400	0	0	0	0		14.00
15.00	01500	0	10,355	0	0	585,300	15.00
16.00	01600	0	8,140	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	490,499	152,644	48,599	0	349	30.00
31.00	03100	56,045	30,598	9,743	0	22	31.00
43.00	04300	0	2,154	686	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	52,739	16,793	0	944	50.00
53.00	05300	0	1,370	436	0	213	53.00
54.00	05400	0	20,210	0	0	73	54.00
54.01	03630	0	4,544	0	0	16	54.01
55.00	05500	0	7,625	2,428	0	0	55.00
55.01	05501	0	1,089	347	0	0	55.01
56.00	05600	0	2,008	0	0	20,268	56.00
57.00	05700	0	4,153	0	0	22	57.00
58.00	05800	0	2,637	0	0	57	58.00
59.00	05900	0	4,319	0	0	6	59.00
60.00	06000	0	31,219	0	0	23,007	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	11,463	0	0	447	65.00
65.01	03610	0	2,595	0	0	0	65.01
66.00	06600	0	10,922	0	0	0	66.00
67.00	06700	0	1,126	0	0	8	67.00
68.00	06800	0	539	0	0	0	68.00
69.00	06900	0	3,711	0	0	0	69.00
70.00	07000	0	856	0	0	0	70.00
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	440,379	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	1,500	478	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	94,098	0	0	65,776	90.00
90.01	09001	0	8,062	2,567	0	5	90.01
91.00	09100	0	33,732	10,741	0	821	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		546,544	507,053	92,818	0	552,413	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	2,538	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	3,839	0	0	0	192.01
194.00	07950	0	940	0	0	32,887	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		546,544	514,370	92,818	0	585,300	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140200

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	156,089				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	10,742		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,910	0		9,080,323	0 30.00
31.00	03100	INTENSIVE CARE UNIT	3,001	0		1,180,277	0 31.00
43.00	04300	NURSERY	189	0		39,799	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,212	0		3,837,345	0 50.00
53.00	05300	ANESTHESIOLOGY	4,657	0		80,582	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,651	0		1,163,251	0 54.00
54.01	03630	ULTRASOUND	2,431	0		184,268	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,951	0		1,574,632	0 55.00
55.01	05501	CYBERKNIFE	1,361	0		85,172	0 55.01
56.00	05600	RADIOISOTOPE	1,609	0		217,384	0 56.00
57.00	05700	CT SCAN	10,280	0		214,893	0 57.00
58.00	05800	MRI	4,081	0		192,293	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	4,155	0		887,566	0 59.00
60.00	06000	LABORATORY	12,528	0		1,484,390	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0	0 62.30
65.00	06500	RESPIRATORY THERAPY	2,815	0		295,487	0 65.00
65.01	03610	SLEEP LAB	493	0		33,713	0 65.01
66.00	06600	PHYSICAL THERAPY	1,857	0		146,967	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	333	0		60,973	0 67.00
68.00	06800	SPEECH PATHOLOGY	159	0		6,922	0 68.00
69.00	06900	ELECTROCARDIOLOGY	2,536	0		410,805	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66	0		3,477	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,825	0		449,349	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,623	0		604,158	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,620	0		671,693	0 73.00
74.00	07400	RENAL DIALYSIS	194	0		38,797	0 74.00
76.00	03020	CARDIAC REHABILITATION	0	0		0	0 76.00
76.97	07697	CARDIAC REHABILITATION	252	0		29,387	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		0	0 76.98
76.99	07699	LITHOTRIPSY	0	0		0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,208	0		1,017,786	0 90.00
90.01	09001	OUTPATIENT CLINICS	881	0		122,014	0 90.01
91.00	09100	EMERGENCY	9,211	0		1,197,984	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	156,089	0	0	25,311,687	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		219,329	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		280,387	0 192.00
192.01	19201	SCHOOL NURSES	0	0		24,443	0 192.01
194.00	07950	OUTPATIENT PHARMACY	0	0		81,356	0 194.00
200.00		Cross Foot Adjustments			10,742	10,742	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	156,089	0	10,742	25,927,944	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 1:08 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRASOUND	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
55.01	05501	CYBERKNIFE	55.01
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	03610	SLEEP LAB	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03020	CARDIAC REHABILITATION	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	OUTPATIENT CLINICS	90.01
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	SCHOOL NURSES	192.01
194.00	07950	OUTPATIENT PHARMACY	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140200

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

Worksheet B-1
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	661,706				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		10,679,588			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,933	20,874	124,076,738		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	88,772	3,387,650	8,617,556	-82,650,453	291,300,804
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	391,447	0
7.00 00700	OPERATION OF PLANT	34,280	819,965	2,431,811	0	16,538,775
8.00 00800	LAUNDRY & LINEN SERVICE	1,632	21,975	574,413	0	1,242,205
9.00 00900	HOUSEKEEPING	1,508	33,297	3,544,012	0	5,148,840
10.00 01000	DIETARY	12,854	157,393	1,040,797	0	2,192,876
11.00 01100	CAFETERIA	18,028	0	1,693,314	0	1,370,791
13.00 01300	NURSING ADMINISTRATION	882	22,658	1,814,491	0	2,216,704
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00 01500	PHARMACY	2,512	83,233	3,282,643	0	22,466,796
16.00 01600	MEDICAL RECORDS & LIBRARY	1,827	14,741	1,129,065	0	4,413,695
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
23.00 02300	PARAMED PRGM-PASTORAL CARE	0	0	415,960	0	546,634
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	227,279	1,470,937	25,183,630	0	38,288,724
31.00 03100	INTENSIVE CARE UNIT	31,344	72,038	5,804,758	0	8,070,735
43.00 04300	NURSERY	0	0	1,397,174	0	1,872,943
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	63,162	1,607,091	11,538,157	0	22,510,829
53.00 05300	ANESTHESIOLOGY	396	57,351	172,060	0	304,086
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,605	523,293	3,616,929	0	5,578,243
54.01 03630	ULTRASOUND	1,808	88,484	1,510,431	0	2,037,906
55.00 05500	RADIOLOGY-THERAPEUTIC	30,100	652,904	2,821,634	0	4,975,124
55.01 05501	CYBERKNIFE	0	0	571,071	0	4,369,834
56.00 05600	RADIO SOTOPE	4,148	38,510	629,437	0	2,226,328
57.00 05700	CT SCAN	2,683	94,597	1,100,198	0	1,693,711
58.00 05800	MRI	2,776	86,871	792,549	0	1,157,078
59.00 05900	CARDIAC CATHETERIZATION	12,496	496,227	1,146,882	0	2,312,218
60.00 06000	LABORATORY	29,394	374,715	6,142,527	0	12,948,284
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	6,316	56,346	1,860,254	0	2,761,939
65.01 03610	SLEEP LAB	0	17,989	457,591	0	634,044
66.00 06600	PHYSICAL THERAPY	1,612	7,656	3,243,746	0	4,212,901
67.00 06700	OCCUPATIONAL THERAPY	1,610	2,776	505,184	0	676,097
68.00 06800	SPEECH PATHOLOGY	0	0	251,366	0	316,045
69.00 06900	ELECTROCARDIOLOGY	11,223	73,217	861,882	0	1,464,460
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	104,048	0	129,651
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	23,522,847
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	31,818,815
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	10,901,447
74.00 07400	RENAL DIALYSIS	880	497	0	0	762,571
76.00 03020	CARDIAC REHABILITATION	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	16,399	421,689	0	546,192
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	243,800	19,494,598	0	31,120,807
90.01 09001	OUTPATIENT CLINICS	0	38,261	2,569,100	0	3,638,975
91.00 09100	EMERGENCY	33,021	84,010	5,682,707	0	8,178,804
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	647,081	10,665,755	122,423,664	-82,259,006	285,168,954
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,608	13,833	346,958	0	1,267,253
192.00 19200	PHYSICIANS' PRIVATE OFFICES	8,017	0	140,366	0	1,297,426
192.01 19201	SCHOOL NURSES	0	0	839,179	0	1,045,677
194.00 07950	OUTPATIENT PHARMACY	0	0	326,571	0	2,521,494
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	15,254,844	10,673,100	30,531,748		82,650,453
203.00	Unit cost multiplier (Wkst. B, Part I)	23.053809	0.999392	0.246071		0.283729
204.00	Cost to be allocated (per Wkst. B, Part II)			157,639		5,443,074

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140200

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
205.00	Unit cost multiplier (Wkst. B, Part II)		0.001270	5A	0.018685	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140200

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		532,721				7.00
8.00	00800		1,632	3,863,915			8.00
9.00	00900	0	1,508	29,212	529,581		9.00
10.00	01000	0	12,854	0	12,854	180,995	10.00
11.00	01100	0	18,028	0	18,028	0	11.00
13.00	01300	0	882	0	882	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	2,512	0	2,512	0	15.00
16.00	01600	0	1,827	0	1,827	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	227,279	780,436	227,279	162,435	30.00
31.00	03100	0	31,344	201,922	31,344	18,560	31.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	63,162	364,206	63,162	0	50.00
53.00	05300	0	396	0	396	0	53.00
54.00	05400	0	18,605	144,366	18,605	0	54.00
54.01	03630	0	1,808	2,150	1,808	0	54.01
55.00	05500	0	30,100	5,577	30,100	0	55.00
55.01	05501	0	0	0	0	0	55.01
56.00	05600	0	4,148	28,205	4,148	0	56.00
57.00	05700	0	2,683	18,869	2,683	0	57.00
58.00	05800	0	2,776	49,429	2,776	0	58.00
59.00	05900	0	12,496	52,429	12,496	0	59.00
60.00	06000	0	29,394	684	29,394	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	6,316	0	6,316	0	65.00
65.01	03610	0	0	9,454	0	0	65.01
66.00	06600	0	1,612	8,123	1,612	0	66.00
67.00	06700	0	1,610	0	1,610	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	11,223	0	11,223	0	69.00
70.00	07000	0	0	0	0	0	70.00
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	0	880	4,477	880	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	0	1,119	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	34,652	0	0	90.00
90.01	09001	0	0	43,390	0	0	90.01
91.00	09100	0	33,021	353,946	33,021	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		0	518,096	2,132,646	514,956	180,995	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	6,608	20,972	6,608	0	190.00
192.00	19200	0	8,017	1,710,297	8,017	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		-391,447	21,231,305	1,659,697	6,682,364	3,489,542	202.00
203.00		0.000000	39.854455	0.429538	12.618209	19.279770	203.00
204.00		0	1,921,866	89,415	174,865	546,544	204.00
205.00		0.000000	3.607641	0.023141	0.330195	3.019664	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140200

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

Worksheet B-1

Date/Time Prepared: 11/22/2016 1:08 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	5,189,142					11.00
13.00	01300	26,684	2,940,860				13.00
14.00	01400	0	0	0			14.00
15.00	01500	104,470	0	0	37,264,230		15.00
16.00	01600	82,123	0	0	0	1,930,829,263	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,539,902	1,539,902	0	22,211	221,111,164	30.00
31.00	03100	308,682	308,682	0	1,421	37,051,554	31.00
43.00	04300	21,728	21,728	0	0	2,332,848	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	532,054	532,054	0	60,081	150,768,721	50.00
53.00	05300	13,821	13,821	0	13,570	57,489,329	53.00
54.00	05400	203,884	0	0	4,647	69,770,827	54.00
54.01	03630	45,839	0	0	1,042	30,017,799	54.01
55.00	05500	76,920	76,920	0	8	36,431,945	55.00
55.01	05501	10,985	10,985	0	0	16,803,171	55.01
56.00	05600	20,260	0	0	1,290,351	19,861,525	56.00
57.00	05700	41,902	0	0	1,412	126,912,449	57.00
58.00	05800	26,606	0	0	3,628	50,387,078	58.00
59.00	05900	43,567	0	0	385	51,301,619	59.00
60.00	06000	314,947	0	0	1,464,741	154,668,529	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	115,642	0	0	28,490	34,748,348	65.00
65.01	03610	26,184	0	0	0	6,082,800	65.01
66.00	06600	110,190	0	0	0	22,931,906	66.00
67.00	06700	11,363	0	0	510	4,115,007	67.00
68.00	06800	5,433	0	0	0	1,959,192	68.00
69.00	06900	37,436	0	0	2	31,307,338	69.00
70.00	07000	8,634	0	0	0	812,568	70.00
71.00	07100	0	0	0	0	121,296,413	71.00
72.00	07200	0	0	0	0	118,800,146	72.00
73.00	07300	0	0	0	28,037,718	344,774,970	73.00
74.00	07400	0	0	0	0	2,393,512	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	15,130	15,130	0	0	3,115,008	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	949,300	0	0	4,187,670	88,989,433	90.00
90.01	09001	81,335	81,335	0	324	10,879,054	90.01
91.00	09100	340,303	340,303	0	52,246	113,715,010	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		5,115,324	2,940,860	0	35,170,457	1,930,829,263	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	25,608	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	38,727	0	0	0	0	192.01
194.00	07950	9,483	0	0	2,093,773	0	194.00
200.00							200.00
201.00							201.00
202.00		2,705,701	2,905,841	0	29,027,561	5,804,675	202.00
203.00		0.521416	0.988092	0.000000	0.778966	0.003006	203.00
204.00		514,370	92,818	0	585,300	156,089	204.00
205.00		0.099124	0.031562	0.000000	0.015707	0.000081	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140200

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

Worksheet B-1
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM-PASTORAL CARE (ASSIGNED TIME)	
		17.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE	0	17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03630	ULTRASOUND	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CYBERKNIFE	0	55.01
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03610	SLEEP LAB	0	65.01
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	CARDIAC REHABILITATION	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	OUTPATIENT CLINICS	0	90.01
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	SCHOOL NURSES	0	192.01
194.00	07950	OUTPATIENT PHARMACY	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140200

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	67,958,955		67,958,955	44,824	68,003,779	30.00
31.00	03100 INTENSIVE CARE UNIT	13,139,031		13,139,031	0	13,139,031	31.00
43.00	04300 NURSERY	2,444,162		2,444,162	0	2,444,162	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	33,671,673		33,671,673	20	33,671,693	50.00
53.00	05300 ANESTHESIOLOGY	615,389		615,389	0	615,389	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,518,876		8,518,876	0	8,518,876	54.00
54.01	03630 ULTRASOUND	2,826,861		2,826,861	0	2,826,861	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	8,194,165		8,194,165	0	8,194,165	55.00
55.01	05501 CYBERKNIFE	5,676,775		5,676,775	0	5,676,775	55.01
56.00	05600 RADIOISOTOPE	4,163,181		4,163,181	0	4,163,181	56.00
57.00	05700 CT SCAN	2,727,603		2,727,603	0	2,727,603	57.00
58.00	05800 MRI	1,820,434		1,820,434	0	1,820,434	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,823,709		3,823,709	0	3,823,709	59.00
60.00	06000 LABORATORY	19,934,899		19,934,899	0	19,934,899	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	4,063,944	0	4,063,944	0	4,063,944	65.00
65.01	03610 SLEEP LAB	849,940	0	849,940	0	849,940	65.01
66.00	06600 PHYSICAL THERAPY	5,622,686	0	5,622,686	0	5,622,686	66.00
67.00	06700 OCCUPATIONAL THERAPY	971,098	0	971,098	0	971,098	67.00
68.00	06800 SPEECH PATHOLOGY	414,438	0	414,438	0	414,438	68.00
69.00	06900 ELECTROCARDIOLOGY	2,582,503		2,582,503	7,555	2,590,058	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	173,382		173,382	0	173,382	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	30,561,578		30,561,578	0	30,561,578	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	41,203,849		41,203,849	0	41,203,849	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	36,871,918		36,871,918	0	36,871,918	73.00
74.00	07400 RENAL DIALYSIS	1,034,229		1,034,229	0	1,034,229	74.00
76.00	03020 CARDIAC REHABILITATION	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	733,847		733,847	0	733,847	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	43,990,101		43,990,101	0	43,990,101	90.00
90.01	09001 OUTPATIENT CLINICS	4,918,876		4,918,876	0	4,918,876	90.01
91.00	09100 EMERGENCY	13,390,999		13,390,999	0	13,390,999	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	7,930,961		7,930,961	0	7,930,961	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	370,830,062	0	370,830,062	52,399	370,882,461	200.00
201.00	Less Observation Beds	7,930,961		7,930,961		7,930,961	201.00
202.00	Total (see instructions)	362,899,101	0	362,899,101	52,399	362,951,500	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140200

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		Hospital			PPS		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	203,921,681		203,921,681		30.00
31.00	03100	INTENSIVE CARE UNIT	37,051,554		37,051,554		31.00
43.00	04300	NURSERY	2,332,848		2,332,848		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	76,654,628	74,114,093	150,768,721	0.223333	50.00
53.00	05300	ANESTHESIOLOGY	31,733,874	25,755,455	57,489,329	0.107004	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,413,831	48,356,996	69,770,827	0.122098	54.00
54.01	03630	ULTRASOUND	4,621,154	25,396,645	30,017,799	0.094173	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	451,857	35,980,088	36,431,945	0.224917	55.00
55.01	05501	CYBERKNIFE	53,588	16,749,583	16,803,171	0.337840	55.01
56.00	05600	RADIO SOTOPE	4,362,784	15,498,741	19,861,525	0.209610	56.00
57.00	05700	CT SCAN	28,047,360	98,865,089	126,912,449	0.021492	57.00
58.00	05800	MRI	9,719,402	40,667,676	50,387,078	0.036129	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,970,379	29,331,240	51,301,619	0.074534	59.00
60.00	06000	LABORATORY	52,697,065	101,971,464	154,668,529	0.128888	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	31,469,907	3,278,441	34,748,348	0.116954	65.00
65.01	03610	SLEEP LAB	0	6,082,800	6,082,800	0.139728	65.01
66.00	06600	PHYSICAL THERAPY	9,553,059	13,378,847	22,931,906	0.245191	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,738,113	1,376,894	4,115,007	0.235989	67.00
68.00	06800	SPEECH PATHOLOGY	1,891,988	67,204	1,959,192	0.211535	68.00
69.00	06900	ELECTROCARDIOLOGY	13,357,591	17,949,747	31,307,338	0.082489	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	405,803	406,765	812,568	0.213375	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71,591,656	49,704,757	121,296,413	0.251958	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	87,456,307	31,343,839	118,800,146	0.346833	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	181,805,040	162,969,930	344,774,970	0.106945	73.00
74.00	07400	RENAL DIALYSIS	2,295,058	98,454	2,393,512	0.432097	74.00
76.00	03020	CARDIAC REHABILITATION	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	314,520	2,800,488	3,115,008	0.235584	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	279,741	88,709,692	88,989,433	0.494329	90.00
90.01	09001	OUTPATIENT CLINICS	454,021	10,425,033	10,879,054	0.452142	90.01
91.00	09100	EMERGENCY	31,973,610	81,741,400	113,715,010	0.117759	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,081,701	11,107,782	17,189,483	0.461384	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	936,700,120	994,129,143	1,930,829,263		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	936,700,120	994,129,143	1,930,829,263		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 1:08 pm
		Title XVIII	Hospital	PPS

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
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.223333		50.00
53.00	05300 ANESTHESIOLOGY	0.010704		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.122098		54.00
54.01	03630 ULTRASOUND	0.094173		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.224917		55.00
55.01	05501 CYBERKNIFE	0.337840		55.01
56.00	05600 RADIOISOTOPE	0.209610		56.00
57.00	05700 CT SCAN	0.021492		57.00
58.00	05800 MRI	0.036129		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.074534		59.00
60.00	06000 LABORATORY	0.128888		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.116954		65.00
65.01	03610 SLEEP LAB	0.139728		65.01
66.00	06600 PHYSICAL THERAPY	0.245191		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.235989		67.00
68.00	06800 SPEECH PATHOLOGY	0.211535		68.00
69.00	06900 ELECTROCARDIOLOGY	0.082730		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.213375		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.251958		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.346833		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.106945		73.00
74.00	07400 RENAL DIALYSIS	0.432097		74.00
76.00	03020 CARDIAC REHABILITATION	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.235584		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.494329		90.00
90.01	09001 OUTPATIENT CLINICS	0.452142		90.01
91.00	09100 EMERGENCY	0.117759		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.461384		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140200

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2016 1:08 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		67,958,955	44,824	68,003,779	30.00
31.00	03100 INTENSIVE CARE UNIT		13,139,031	0	13,139,031	31.00
43.00	04300 NURSERY		2,444,162	0	2,444,162	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		33,671,673	20	33,671,693	50.00
53.00	05300 ANESTHESIOLOGY		615,389	0	615,389	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		8,518,876	0	8,518,876	54.00
54.01	03630 ULTRASOUND		2,826,861	0	2,826,861	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		8,194,165	0	8,194,165	55.00
55.01	05501 CYBERKNIFE		5,676,775	0	5,676,775	55.01
56.00	05600 RADIOISOTOPE		4,163,181	0	4,163,181	56.00
57.00	05700 CT SCAN		2,727,603	0	2,727,603	57.00
58.00	05800 MRI		1,820,434	0	1,820,434	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,823,709	0	3,823,709	59.00
60.00	06000 LABORATORY		19,934,899	0	19,934,899	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	4,063,944	0	4,063,944	65.00
65.01	03610 SLEEP LAB	0	849,940	0	849,940	65.01
66.00	06600 PHYSICAL THERAPY	0	5,622,686	0	5,622,686	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	971,098	0	971,098	67.00
68.00	06800 SPEECH PATHOLOGY	0	414,438	0	414,438	68.00
69.00	06900 ELECTROCARDIOLOGY		2,582,503	7,555	2,590,058	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		173,382	0	173,382	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		30,561,578	0	30,561,578	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		41,203,849	0	41,203,849	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		36,871,918	0	36,871,918	73.00
74.00	07400 RENAL DIALYSIS		1,034,229	0	1,034,229	74.00
76.00	03020 CARDIAC REHABILITATION		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		733,847	0	733,847	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		43,990,101	0	43,990,101	90.00
90.01	09001 OUTPATIENT CLINICS		4,918,876	0	4,918,876	90.01
91.00	09100 EMERGENCY		13,390,999	0	13,390,999	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		7,930,961	0	7,930,961	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		370,830,062	52,399	370,882,461	200.00
201.00	Less Observation Beds		7,930,961		7,930,961	201.00
202.00	Total (see instructions)		362,899,101	52,399	362,951,500	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140200

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2016 1:08 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	203,921,681		203,921,681		30.00
31.00	03100	INTENSIVE CARE UNIT	37,051,554		37,051,554		31.00
43.00	04300	NURSERY	2,332,848		2,332,848		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	76,654,628	74,114,093	150,768,721	0.223333	50.00
53.00	05300	ANESTHESIOLOGY	31,733,874	25,755,455	57,489,329	0.107004	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,413,831	48,356,996	69,770,827	0.122098	54.00
54.01	03630	ULTRASOUND	4,621,154	25,396,645	30,017,799	0.094173	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	451,857	35,980,088	36,431,945	0.224917	55.00
55.01	05501	CYBERKNIFE	53,588	16,749,583	16,803,171	0.337840	55.01
56.00	05600	RADIO SOTOPE	4,362,784	15,498,741	19,861,525	0.209610	56.00
57.00	05700	CT SCAN	28,047,360	98,865,089	126,912,449	0.021492	57.00
58.00	05800	MRI	9,719,402	40,667,676	50,387,078	0.036129	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,970,379	29,331,240	51,301,619	0.074534	59.00
60.00	06000	LABORATORY	52,697,065	101,971,464	154,668,529	0.128888	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	31,469,907	3,278,441	34,748,348	0.116954	65.00
65.01	03610	SLEEP LAB	0	6,082,800	6,082,800	0.139728	65.01
66.00	06600	PHYSICAL THERAPY	9,553,059	13,378,847	22,931,906	0.245191	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,738,113	1,376,894	4,115,007	0.235989	67.00
68.00	06800	SPEECH PATHOLOGY	1,891,988	67,204	1,959,192	0.211535	68.00
69.00	06900	ELECTROCARDIOLOGY	13,357,591	17,949,747	31,307,338	0.082489	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	405,803	406,765	812,568	0.213375	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71,591,656	49,704,757	121,296,413	0.251958	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	87,456,307	31,343,839	118,800,146	0.346833	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	181,805,040	162,969,930	344,774,970	0.106945	73.00
74.00	07400	RENAL DIALYSIS	2,295,058	98,454	2,393,512	0.432097	74.00
76.00	03020	CARDIAC REHABILITATION	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	314,520	2,800,488	3,115,008	0.235584	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	279,741	88,709,692	88,989,433	0.494329	90.00
90.01	09001	OUTPATIENT CLINICS	454,021	10,425,033	10,879,054	0.452142	90.01
91.00	09100	EMERGENCY	31,973,610	81,741,400	113,715,010	0.117759	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,081,701	11,107,782	17,189,483	0.461384	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	936,700,120	994,129,143	1,930,829,263		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	936,700,120	994,129,143	1,930,829,263		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 1:08 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
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630 ULTRASOUND	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 CYBERKNIFE	0.000000		55.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	03610 SLEEP LAB	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 CARDIAC REHABILITATION	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OUTPATIENT CLINICS	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 11/22/2016 1:08 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,080,323	0	9,080,323	60,467	150.17	30.00
31.00	INTENSIVE CARE UNIT	1,180,277		1,180,277	9,280	127.19	31.00
43.00	NURSERY	39,799		39,799	4,755	8.37	43.00
200.00	Total (Lines 30-199)	10,300,399		10,300,399	74,502		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				

30.00	ADULTS & PEDIATRICS	26,755	4,017,798	30.00
31.00	INTENSIVE CARE UNIT	2,068	263,029	31.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	28,823	4,280,827	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part II Date/Time Prepared: 11/22/2016 1:08 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,837,345	150,768,721	0.025452	33,930,730	863,605	50.00
53.00	05300 ANESTHESIOLOGY	80,582	57,489,329	0.001402	4,962,434	6,957	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,163,251	69,770,827	0.016672	11,752,432	195,937	54.00
54.01	03630 ULTRASOUND	184,268	30,017,799	0.006139	2,249,452	13,809	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	1,574,632	36,431,945	0.043221	262,825	11,360	55.00
55.01	05501 CYBERKNIFE	85,172	16,803,171	0.005069	50,948	258	55.01
56.00	05600 RADIOISOTOPE	217,384	19,861,525	0.010945	2,318,401	25,375	56.00
57.00	05700 CT SCAN	214,893	126,912,449	0.001693	15,182,930	25,705	57.00
58.00	05800 MRI	192,293	50,387,078	0.003816	4,012,147	15,310	58.00
59.00	05900 CARDIAC CATHETERIZATION	887,566	51,301,619	0.017301	10,396,876	179,876	59.00
60.00	06000 LABORATORY	1,484,390	154,668,529	0.009597	25,750,767	247,130	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	295,487	34,748,348	0.008504	20,930,881	177,996	65.00
65.01	03610 SLEEP LAB	33,713	6,082,800	0.005542	0	0	65.01
66.00	06600 PHYSICAL THERAPY	146,967	22,931,906	0.006409	5,058,791	32,422	66.00
67.00	06700 OCCUPATIONAL THERAPY	60,973	4,115,007	0.014817	1,479,504	21,922	67.00
68.00	06800 SPEECH PATHOLOGY	6,922	1,959,192	0.003533	1,271,477	4,492	68.00
69.00	06900 ELECTROCARDIOLOGY	410,805	31,307,338	0.013122	5,886,061	77,237	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,477	812,568	0.004279	199,121	852	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	449,349	121,296,413	0.003705	27,521,233	101,966	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	604,158	118,800,146	0.005085	32,851,918	167,052	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	671,693	344,774,970	0.001948	77,252,668	150,488	73.00
74.00	07400 RENAL DIALYSIS	38,797	2,393,512	0.016209	1,419,504	23,009	74.00
76.00	03020 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	29,387	3,115,008	0.009434	151,270	1,427	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,017,786	88,989,433	0.011437	279,741	3,199	90.00
90.01	09001 OUTPATIENT CLINICS	122,014	10,879,054	0.011215	226,541	2,541	90.01
91.00	09100 EMERGENCY	1,197,984	113,715,010	0.010535	13,602,356	143,301	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,058,997	17,189,483	0.061607	844,233	52,011	92.00
200.00	Total (lines 50-199)	16,070,285	1,687,523,180		299,845,241	2,545,237	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140200		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 11/22/2016 1:08 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	407,313	0	0	407,313	
31.00	03100	INTENSIVE CARE UNIT	0	110,683	0	0	110,683	
43.00	04300	NURSERY	0	0	0	0	0	
200.00		Total (lines 30-199)	0	517,996	0	0	517,996	
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	60,467	6.74	26,755	180,329	30.00	
31.00	03100	INTENSIVE CARE UNIT	9,280	11.93	2,068	24,671	31.00	
43.00	04300	NURSERY	4,755	0.00	0	0	43.00	
200.00		Total (lines 30-199)	74,502		28,823	205,000	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140200

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01	05501	CYBERKNIFE	0	0	0	0	0	0	55.01
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
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03610	SLEEP LAB	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHABILITATION	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT CLINICS	0	0	73,051	0	73,051	0	90.01
91.00	09100	EMERGENCY	0	0	110,683	0	110,683	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	47,506	0	47,506	0	92.00
200.00		Total (lines 50-199)	0	0	231,240	0	231,240	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 1:08 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	150,768,721	0.000000	0.000000	33,930,730	50.00
53.00	05300 ANESTHESIOLOGY	0	57,489,329	0.000000	0.000000	4,962,434	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	69,770,827	0.000000	0.000000	11,752,432	54.00
54.01	03630 ULTRASOUND	0	30,017,799	0.000000	0.000000	2,249,452	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	36,431,945	0.000000	0.000000	262,825	55.00
55.01	05501 CYBERKNIFE	0	16,803,171	0.000000	0.000000	50,948	55.01
56.00	05600 RADIOISOTOPE	0	19,861,525	0.000000	0.000000	2,318,401	56.00
57.00	05700 CT SCAN	0	126,912,449	0.000000	0.000000	15,182,930	57.00
58.00	05800 MRI	0	50,387,078	0.000000	0.000000	4,012,147	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	51,301,619	0.000000	0.000000	10,396,876	59.00
60.00	06000 LABORATORY	0	154,668,529	0.000000	0.000000	25,750,767	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	34,748,348	0.000000	0.000000	20,930,881	65.00
65.01	03610 SLEEP LAB	0	6,082,800	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	22,931,906	0.000000	0.000000	5,058,791	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,115,007	0.000000	0.000000	1,479,504	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,959,192	0.000000	0.000000	1,271,477	68.00
69.00	06900 ELECTROCARDIOLOGY	0	31,307,338	0.000000	0.000000	5,886,061	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	812,568	0.000000	0.000000	199,121	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	121,296,413	0.000000	0.000000	27,521,233	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	118,800,146	0.000000	0.000000	32,851,918	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	344,774,970	0.000000	0.000000	77,252,668	73.00
74.00	07400 RENAL DIALYSIS	0	2,393,512	0.000000	0.000000	1,419,504	74.00
76.00	03020 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	3,115,008	0.000000	0.000000	151,270	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	88,989,433	0.000000	0.000000	279,741	90.00
90.01	09001 OUTPATIENT CLINICS	73,051	10,879,054	0.006715	0.006715	226,541	90.01
91.00	09100 EMERGENCY	110,683	113,715,010	0.000973	0.000973	13,602,356	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	47,506	17,189,483	0.002764	0.002764	844,233	92.00
200.00	Total (lines 50-199)	231,240	1,687,523,180			299,845,241	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 1:08 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	16,636,775	0	50.00
53.00	05300 ANESTHESIOLOGY	0	2,081,994	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,179,214	0	54.00
54.01	03630 ULTRASOUND	0	4,392,147	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	13,613,430	0	55.00
55.01	05501 CYBERKNIFE	0	9,132,951	0	55.01
56.00	05600 RADIOISOTOPE	0	5,066,876	0	56.00
57.00	05700 CT SCAN	0	25,860,774	0	57.00
58.00	05800 MRI	0	10,189,336	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	13,182,483	0	59.00
60.00	06000 LABORATORY	0	10,447,566	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	777,270	0	65.00
65.01	03610 SLEEP LAB	0	1,005,469	0	65.01
66.00	06600 PHYSICAL THERAPY	0	337,194	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	19,753	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,747	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,304,652	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	112,138	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,923,080	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,083,018	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	52,971,110	0	73.00
74.00	07400 RENAL DIALYSIS	0	60,640	0	74.00
76.00	03020 CARDIAC REHABILITATION	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,211,092	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	18,075,019	0	90.00
90.01	09001 OUTPATIENT CLINICS	1,521	597,630	4,013	90.01
91.00	09100 EMERGENCY	13,235	13,014,996	12,664	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,333	4,112,665	11,367	92.00
200.00	Total (lines 50-199)	17,089	241,393,019	28,044	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 1:08 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	0.223333	16,636,775	2	0	3,715,541	50.00
53.00	05300	ANESTHESIOLOGY	0.010704	2,081,994	0	0	22,286	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122098	11,179,214	1	523	1,364,960	54.00
54.01	03630	ULTRASOUND	0.094173	4,392,147	0	0	413,622	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.224917	13,613,430	13	2,455	3,061,892	55.00
55.01	05501	CYBERKNIFE	0.337840	9,132,951	0	0	3,085,476	55.01
56.00	05600	RADIOISOTOPE	0.209610	5,066,876	1	260	1,062,068	56.00
57.00	05700	CT SCAN	0.021492	25,860,774	2	1,267	555,800	57.00
58.00	05800	MRI	0.036129	10,189,336	1	255	368,131	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.074534	13,182,483	4	1,091	982,543	59.00
60.00	06000	LABORATORY	0.128888	10,447,566	8,102	0	1,346,566	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.116954	777,270	4	0	90,905	65.00
65.01	03610	SLEEP LAB	0.139728	1,005,469	0	0	140,492	65.01
66.00	06600	PHYSICAL THERAPY	0.245191	337,194	0	0	82,677	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.235989	19,753	0	0	4,661	67.00
68.00	06800	SPEECH PATHOLOGY	0.211535	3,747	0	0	793	68.00
69.00	06900	ELECTROCARDIOLOGY	0.082489	4,304,652	0	258	355,086	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.213375	112,138	0	0	23,927	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.251958	10,923,080	0	0	2,752,157	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.346833	12,083,018	0	0	4,190,789	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.106945	52,971,110	723	456,274	5,664,995	73.00
74.00	07400	RENAL DIALYSIS	0.432097	60,640	0	0	26,202	74.00
76.00	03020	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.235584	1,211,092	0	0	285,314	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.494329	18,075,019	1,765	12,330	8,935,006	90.00
90.01	09001	OUTPATIENT CLINICS	0.452142	597,630	6	449	270,214	90.01
91.00	09100	EMERGENCY	0.117759	13,014,996	23	6	1,532,633	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.461384	4,112,665	0	42	1,897,518	92.00
200.00		Subtotal (see instructions)		241,393,019	10,647	475,210	42,232,254	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		241,393,019	10,647	475,210	42,232,254	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 1:08 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
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	64	54.00
54.01	03630	ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3	552	55.00
55.01	05501	CYBERKNIFE	0	0	55.01
56.00	05600	RADIOISOTOPE	0	54	56.00
57.00	05700	CT SCAN	0	27	57.00
58.00	05800	MRI	0	9	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	81	59.00
60.00	06000	LABORATORY	1,044	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	03610	SLEEP LAB	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	21	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77	48,796	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	CARDIAC REHABILITATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	872	6,095	90.00
90.01	09001	OUTPATIENT CLINICS	3	203	90.01
91.00	09100	EMERGENCY	3	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	19	92.00
200.00		Subtotal (see instructions)	2,002	55,922	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	2,002	55,922	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140200		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 11/22/2016 1:08 pm	
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	407,313	0	0	407,313	30.00
31.00	03100	INTENSIVE CARE UNIT	0	110,683	0	0	110,683	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	517,996	0	0	517,996	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	60,467	6.74	1,943	13,096		30.00
31.00	03100	INTENSIVE CARE UNIT	9,280	11.93	370	4,414		31.00
43.00	04300	NURSERY	4,755	0.00	97	0		43.00
200.00		Total (lines 30-199)	74,502		2,410	17,510		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140200

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description		Title XIX				Hospital	Cost
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	CYBERKNIFE	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03610	SLEEP LAB	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	CARDIAC REHABILITATION	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT CLINICS	0	0	73,051	0	73,051
91.00	09100	EMERGENCY	0	0	110,683	0	110,683
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
200.00		Total (lines 50-199)	0	0	183,734	0	183,734

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140200

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Cost		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	150,768,721	0.000000	0.000000	0	50.00
53.00	05300	ANESTHESIOLOGY	0	57,489,329	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,770,827	0.000000	0.000000	0	54.00
54.01	03630	ULTRASOUND	0	30,017,799	0.000000	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	36,431,945	0.000000	0.000000	0	55.00
55.01	05501	CYBERKNIFE	0	16,803,171	0.000000	0.000000	0	55.01
56.00	05600	RADIOISOTOPE	0	19,861,525	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	126,912,449	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	50,387,078	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	51,301,619	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	154,668,529	0.000000	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	34,748,348	0.000000	0.000000	0	65.00
65.01	03610	SLEEP LAB	0	6,082,800	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	22,931,906	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,115,007	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,959,192	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	31,307,338	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	812,568	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	121,296,413	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	118,800,146	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	344,774,970	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,393,512	0.000000	0.000000	0	74.00
76.00	03020	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,115,008	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	88,989,433	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT CLINICS	73,051	10,879,054	0.006715	0.006715	0	90.01
91.00	09100	EMERGENCY	110,683	113,715,010	0.000973	0.000973	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	17,189,483	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	183,734	1,687,523,180			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140200

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description		Title XIX			Hospital	Cost
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03630 ULTRASOUND	0	0	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	05501 CYBERKNIFE	0	0	0		55.01
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
65.01	03610 SLEEP LAB	0	0	0		65.01
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03020 CARDIAC REHABILITATION	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 OUTPATIENT CLINICS	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/22/2016 1:08 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		60,467	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		60,467	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)		53,415	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)		26,755	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)		68,003,779	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)		68,003,779	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)		68,003,779	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,124.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		30,089,743	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)		30,089,743	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140200		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/22/2016 1:08 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	13,139,031	9,280	1,415.84	2,068	2,927,957		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48,712,205		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					81,729,905		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,485,827		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,562,326		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					7,048,153		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					74,681,752		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					7,052		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,124.64		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					7,930,961		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140200		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 1:08 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	9,080,323	68,003,779	0.133527	7,930,961	1,058,997	90.00
91.00	Nursing School cost	0	68,003,779	0.000000	7,930,961	0	91.00
92.00	Allied health cost	407,313	68,003,779	0.005990	7,930,961	47,506	92.00
93.00	All other Medical Education	0	68,003,779	0.000000	7,930,961	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/22/2016 1:08 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)		60,467	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		60,467	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)		53,415	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,943	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		4,755	15.00
16.00	Nursery days (title V or XIX only)		97	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)		67,958,955	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)		67,958,955	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)		67,958,955	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,123.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,183,738	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,183,738	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/22/2016 1:08 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)		
42.00	NURSERY (title V & XIX only)	2,444,162	4,755	514.02	97	49,860	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	13,139,031	9,280	1,415.84	370	523,861	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,757,459	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)					7,052	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,123.90	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,925,743	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140200		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 1:08 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	9,080,323	67,958,955	0.133615	7,925,743	1,058,998	90.00
91.00	Nursing School cost	0	67,958,955	0.000000	7,925,743	0	91.00
92.00	Allied health cost	407,313	67,958,955	0.005994	7,925,743	47,507	92.00
93.00	All other Medical Education	0	67,958,955	0.000000	7,925,743	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/22/2016 1:08 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		74,497,946	30.00
31.00	03100	INTENSIVE CARE UNIT		18,143,577	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223333	33,930,730	50.00
53.00	05300	ANESTHESIOLOGY	0.010704	4,962,434	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122098	11,752,432	54.00
54.01	03630	ULTRASOUND	0.094173	2,249,452	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.224917	262,825	55.00
55.01	05501	CYBERKNIFE	0.337840	50,948	55.01
56.00	05600	RADIOISOTOPE	0.209610	2,318,401	56.00
57.00	05700	CT SCAN	0.021492	15,182,930	57.00
58.00	05800	MRI	0.036129	4,012,147	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.074534	10,396,876	59.00
60.00	06000	LABORATORY	0.128888	25,750,767	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.116954	20,930,881	65.00
65.01	03610	SLEEP LAB	0.139728	0	65.01
66.00	06600	PHYSICAL THERAPY	0.245191	5,058,791	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.235989	1,479,504	67.00
68.00	06800	SPEECH PATHOLOGY	0.211535	1,271,477	68.00
69.00	06900	ELECTROCARDIOLOGY	0.082730	5,886,061	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.213375	199,121	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.251958	27,521,233	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.346833	32,851,918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.106945	77,252,668	73.00
74.00	07400	RENAL DIALYSIS	0.432097	1,419,504	74.00
76.00	03020	CARDIAC REHABILITATION	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.235584	151,270	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.494329	279,741	90.00
90.01	09001	OUTPATIENT CLINICS	0.452142	226,541	90.01
91.00	09100	EMERGENCY	0.117759	13,602,356	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.461384	844,233	92.00
200.00		Total (sum of lines 50-94 and 96-98)		299,845,241	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)		299,845,241	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 1:08 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		13,701,487	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		41,104,462	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)		2,126,116	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		262.73	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.62	30.00
31.00	Percentage of Medicaid patient days (see instructions)		11.01	31.00
32.00	Sum of lines 30 and 31		12.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 1:08 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	7,647,644,885	35.00
35.01	Factor 3 (see instructions)	0.000190217	0.000190217	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	0	0	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	56,932,065		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)		56,932,065	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,051,049	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		4,722	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).		205,000	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		17,089	58.00
59.00	Total (sum of amounts on lines 49 through 58)		62,209,925	59.00
60.00	Primary payer payments		37,951	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		62,171,974	61.00
62.00	Deductibles billed to program beneficiaries		5,544,448	62.00
63.00	Coinurance billed to program beneficiaries		114,212	63.00
64.00	Allowable bad debts (see instructions)		1,094,059	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		711,138	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		364,736	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		57,224,452	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)		314,497	70.93
70.94	HRR adjustment amount (see instructions)		-433,652	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 1:08 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)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		57,105,297		71.00
71.01	Sequestration adjustment (see instructions)		1,142,106		71.01
72.00	Interim payments		55,363,109		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)		600,082		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		116,228		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140200

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/22/2016 1:08 pm

		Title XVIII		Hospital		PPS		
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,701,487	0	13,701,487		13,701,487	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	41,104,462	0		54,805,949	54,805,949	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,126,116	0	0	2,126,116	2,126,116	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	56,932,065	0	13,701,487	43,230,578	56,932,065	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	56,932,065	0	13,701,487	43,230,578	56,932,065	15.00
16.00	Payment for inpatient program capital	50.00	5,051,049	0	0	5,051,049	5,051,049	16.00
17.00	Special add-on payments for new technologies	54.00	4,722	0	0	4,722	4,722	17.00
17.01	Net organ acquisition cost	55.00	0	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	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140200

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/22/2016 1:08 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	13,701,487	48,286,349	61,987,836	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,392,889	0	0	4,392,889	4,392,889	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	544,384	0	0	544,384	544,384	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0259	0.0259	0.0259	0.0259		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	113,776	0	0	113,776	113,776	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,051,049	0	0	5,051,049	5,051,049	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/22/2016 1:08 pm
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		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,701,487	13,701,487		13,701,487	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	41,104,462		41,104,462	41,104,462	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	2,126,116	531,529	1,594,587	2,126,116	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	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		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	0	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00	
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	56,932,065	14,233,016	42,699,049	56,932,065	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	56,932,065	14,233,016	42,699,049	56,932,065	15.00	
16.00	Payment for inpatient program capital	50.00	5,051,049	0	5,051,049	5,051,049	16.00	
17.00	Special add-on payments for new technologies	54.00	4,722	0	4,722	4,722	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			14,233,016	47,754,820	61,987,836	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140200

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/22/2016 1:08 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	4,392,889	0	4,392,889	4,392,889	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	544,384	0	544,384	544,384	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0259	0.0259	0.0259		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	113,776	0	113,776	113,776	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,051,049	0	5,051,049	5,051,049	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	314,497	0	314,497	314,497	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	-433,652	0	-433,652	-433,652	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/22/2016 1:08 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		57,924	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		42,204,210	2.00
3.00	PPS payments		39,168,209	3.00
4.00	Outlier payment (see instructions)		300,524	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		28,044	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		57,924	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		485,857	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)		485,857	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)		485,857	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		427,933	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)		57,924	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)		39,496,777	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		7,821,899	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)		31,732,802	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		31,732,802	30.00
31.00	Primary payer payments		6,630	31.00
32.00	Subtotal (line 30 minus line 31)		31,726,172	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)		827,834	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		538,092	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		400,518	36.00
37.00	Subtotal (see instructions)		32,264,264	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-164	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)		23,963	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		32,264,428	40.00
40.01	Sequestration adjustment (see instructions)		645,289	40.01
41.00	Interim payments		31,516,473	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		102,666	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: 140200

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2016 1:08 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		55,043,715		31,057,555	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		319,394		458,918	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)		55,363,109		31,516,473	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		600,082		102,666	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		55,963,191		31,619,139	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: 140200

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

Worksheet E-1
Part II
Date/Time Prepared:
11/22/2016 1:08 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	16,007	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	28,823	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3,527	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	62,695	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,930,829,263	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	35,597,286	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)	653,393	8.00
9.00	Sequestration adjustment amount (see instructions)	13,068	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	640,325	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	560,564	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)	79,761	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/22/2016 1:08 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		2,757,459		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)		2,757,459	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)		2,757,459	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		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
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)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		2,757,459	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
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		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		2,757,459	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	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)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 140200

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

Worksheet G
Date/Time Prepared:
11/22/2016 1:08 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	1,331,958	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	70,923,393	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	8,449,542	0	0	0	7.00
8.00	Prepaid expenses	6,904,365	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	87,609,258	0	0	0	11.00
FIXED ASSETS						
12.00	Land	31,291,564	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	464,023,679	0	0	0	15.00
16.00	Accumulated depreciation	-277,073,533	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	188,490,299	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	406,732,009	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	5,129,067	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	-6,756,857	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-1,627,790	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	492,713,477	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,524,474	0	0	0	37.00
38.00	Salaries, wages, and fees payable	28,298,797	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	79,935,002	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	120,758,273	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	60,076,859	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	60,076,859	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	180,835,132	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	311,878,345				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	311,878,345	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	492,713,477	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140200

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

Worksheet G-1

Date/Time Prepared:
11/22/2016 1:08 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		357,896,899		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		8,300,575			2.00
3.00	Total (sum of line 1 and line 2)		366,197,474		0	3.00
4.00	TEMP RESTRICTED NET ASSETS	1,986,636		0		4.00
5.00	PERM RESTRICTED NET ASSETS	489,515		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		2,476,151		0	10.00
11.00	Subtotal (line 3 plus line 10)		368,673,625		0	11.00
12.00	TRANSFERS TO AFFILIATES	54,314,217		0		12.00
13.00	OTHER TRANSFERS	2,481,063		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		56,795,280		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		311,878,345		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	TEMP RESTRICTED NET ASSETS		0			4.00
5.00	PERM RESTRICTED NET ASSETS		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	TRANSFERS TO AFFILIATES		0			12.00
13.00	OTHER TRANSFERS		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: 140200

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/22/2016 1:08 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	209,989,478		209,989,478	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	209,989,478		209,989,478	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	37,063,019		37,063,019	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)	37,063,019		37,063,019	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	247,052,497		247,052,497	17.00
18.00	Ancillary services	687,342,955	996,487,366	1,683,830,321	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	2,332,848	0	2,332,848	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	936,728,300	996,487,366	1,933,215,666	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		393,921,435		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)		393,921,435		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140200

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

Worksheet G-3

Date/Time Prepared:
11/22/2016 1:08 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,933,215,666	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,543,984,510	2.00
3.00	Net patient revenues (line 1 minus line 2)	389,231,156	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	393,921,435	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,690,279	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	505,306	6.00
7.00	Income from investments	1,764,566	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	21,323	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,296,031	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEANINGFUL USE	1,155,251	24.00
24.01	MGMT FEES	613,115	24.01
24.02	RENTAL INCOME	2,612,653	24.02
24.03	IHP DISTRIBUTIONS	693,288	24.03
24.04	APN'S	0	24.04
24.05	GRANTS	98,613	24.05
24.06	SCHOOL NURSES	0	24.06
24.07	EMP LEASING	700,657	24.07
24.08	NON OPERATING INCOME	47,255	24.08
24.09	OTHER REVENUE	1,727,567	24.09
24.10	INTERCO REV	162,120	24.10
24.11	OTHER DIETARY REVENUE	567,918	24.11
24.12	RESEARCH	6,205	24.12
24.13	OTHER RENTAL	18,989	24.13
24.14	OTHER (SPECIFY)	0	24.14
24.15	OTHER (SPECIFY)	0	24.15
25.00	Total other income (sum of lines 6-24)	12,990,857	25.00
26.00	Total (line 5 plus line 25)	8,300,578	26.00
27.00	ROUNDING	3	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	8,300,575	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140200	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/22/2016 1:08 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,392,889	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		544,384	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)		171.30	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.62	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		11.01	8.00
9.00	Sum of lines 7 and 8		12.63	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.59	10.00
11.00	Disproportionate share adjustment (see instructions)		113,776	11.00
12.00	Total prospective capital payments (see instructions)		5,051,049	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