

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 1:57 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: 5/24/2017	Time: 1:57 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 ADVOCATE CHRIST HOSPITAL (14-0208) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,026,341	3,620,921	0	0	1.00
2.00 Subprovider - IPF	0	94,059	0		0	2.00
3.00 Subprovider - IRF	0	41,607	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	1,162,007	3,620,921	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 1:28 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 4440 WEST 95TH STREET			PO Box:						1.00	
2.00	City: OAK LAWN			State: IL		Zip Code: 60453-		County: COOK		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVOCATE CHRIST HOSPITAL	140208	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF		ADVOCATE CHRIST HOSPITAL - PSYCH	14S208	16974	4	01/01/1984	N	P	0	4.00
5.00	Subprovider - IRF		ADVOCATE CHRIST HOSPITAL - REHAB	14T208	16974	5	01/01/1984	N	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016	12/31/2016			20.00	
21.00	Type of Control (see instructions)					1				21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	7,728	12,174	11	2,448	38,690	0			24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 1:28 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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.	9	375	0	13	288		25.00	
		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 OPSS 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.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					Y			60.00
		Y/N		IME		Direct GME			
		1.00		2.00		3.00			
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)						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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0208

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
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
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					Y	63.00
				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 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.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			2.53	12.67	0.166447	64.00
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/(col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	13.74	62.47	0.180291		65.00
65.01		PEDIATRICS	2000	8.19	39.00	0.173554		65.01
			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	93.93	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)	FAMILY MEDICINE	1350	4.66	19.67	0.191533		67.00
67.01		INTERNAL MEDICINE	1400	0.00	67.45	0.000000		67.01
67.02		OBSTETRICS	1750	0.00	13.61	0.000000		67.02
67.03		PEDIATRICS	2000	0.03	39.33	0.000762		67.03
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0		71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y				75.00

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		1.00	2.00	3.00			
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00		
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N 80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N 81.00		
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N 85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00		
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N 87.00		
		V		XIX			
		1.00		2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				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.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical		Occupational		Speech	
		1.00		2.00		3.00	
		Respiratory		4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		N	
						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.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 1:28 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	-2,265,852	20,822,844	2,141,761
			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	
119.00	DO NOT USE THIS LINE			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
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	
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	
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.		Y	
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.		02/02/2012	
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.		01/18/2013	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
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.			
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	14H036
		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: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 06101
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:		
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515	
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	
			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	
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	
			1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 1:28 pm	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
Multi-campus							
165.00	Is this hospital part of a Multi-campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	166.00
						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)						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)					9.99	169.00
		Beginning	Ending				
		1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			01/01/2016	12/31/2016		170.00
		1.00	2.00				
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 1:28 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)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				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.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					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.				Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/20/2017	Y	04/20/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 1:28 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
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N	33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N	35.00
			Y/N	Date
			1.00	2.00
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		N	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.		N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
				1.00
				2.00
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVE	STRI EPLI NG	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630 929-5765	DAVE. STRI EPLI NG@ADVOCATEHEAL TH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 1:28 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	504	184,464	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)		504	184,464	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	123	45,018	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	52	19,032	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		679	248,514	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	34	12,444		0	16.00
17.00 SUBPROVIDER - IRF	41.00	37	13,542		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		750				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)		24	8,784			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 1:28 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)	50,068	11,085	159,114			1.00
2.00 HMO and other (see instructions)	29,284	39,350				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	50,068	11,085	159,114			7.00
8.00 INTENSIVE CARE UNIT	9,773	4,842	31,380			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	3,173	8,975			8.01
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,601	15,228			13.00
14.00 Total (see instructions)	59,841	21,701	214,697	236.69	4,740.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,823	660	10,133	0.00	58.00	16.00
17.00 SUBPROVIDER - IRF	6,079	397	12,113	0.00	88.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	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	716			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				236.69	4,886.00	27.00
28.00 Observation Bed Days		504	8,808			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	646	1,349			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	10,631	3,632	39,880	1.00
2.00 HMO and other (see instructions)				0	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 NEONATAL INTENSIVE CARE UNIT							8.01
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	10,631	3,632		39,880	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	375	134		1,349	16.00
17.00 SUBPROVIDER - IRF	0.00	0	456	24		928	17.00
18.00 SUBPROVIDER	0.00	0		0		0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0208

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2017 1:28 pm

	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	347,259,850	0	347,259,850	10,201,968.00	34.04
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 and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	16,000,134	0	16,000,134	364,377.00	43.91
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		13,208,867	2,102,679	15,311,546	426,036.00	35.94
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		7,150,380	0	7,150,380	120,731.00	59.23
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		1,401,725	0	1,401,725	7,275.00	192.68
14.00	Home office and/or related organization salaries and wage-related costs		38,215,957	0	38,215,957	597,777.00	63.93
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		72,646,846	0	72,646,846		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,865,817	0	3,865,817		
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		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		3,645,094	0	3,645,094		
25.50	Home office wage-related		7,884,287	0	7,884,287		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	4,909,361	0	4,909,361	24,388.00	201.30
27.00	Administrative & General	5.00	23,164,316	-246,288	22,918,028	645,338.00	35.51

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0208

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2017 1:28 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	
28.00	Administrative & General under contract (see inst.)		4,967,647	0	4,967,647	46,309.00	107.27	28.00
29.00	Maintenance & Repairs	6.00	4,388,609	0	4,388,609	132,567.00	33.10	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	8,030,662	0	8,030,662	543,840.00	14.77	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	5,648,886	-38,902	5,609,984	343,246.00	16.34	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,060,654	0	1,060,654	25,912.00	40.93	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	12,809,633	-276,631	12,533,002	268,287.00	46.71	40.00
41.00	Medical Records & Medical Records Library	16.00	2,157	0	2,157	104.00	20.74	41.00
42.00	Social Service	17.00	2,462,985	-46,294	2,416,691	65,459.00	36.92	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0208

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2017 1:28 pm

	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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	336,227,363	0	336,227,363	9,883,900.00	34.02	1.00
2.00	Excluded area salaries (see instructions)	13,208,867	2,102,679	15,311,546	426,036.00	35.94	2.00
3.00	Subtotal salaries (line 1 minus line 2)	323,018,496	-2,102,679	320,915,817	9,457,864.00	33.93	3.00
4.00	Subtotal other wages & related costs (see inst.)	46,768,062	0	46,768,062	725,783.00	64.44	4.00
5.00	Subtotal wage-related costs (see inst.)	80,531,133	0	80,531,133	0.00	25.09	5.00
6.00	Total (sum of lines 3 thru 5)	450,317,691	-2,102,679	448,215,012	10,183,647.00	44.01	6.00
7.00	Total overhead cost (see instructions)	67,444,910	-608,115	66,836,795	2,095,450.00	31.90	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2017 1:28 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	7,502,026	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	3,658,920	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	624,770	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)	24,851,477	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	6,552,948	9.00
10.00	Dental, Hearing and Vision Plan	1,165,644	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	318,900	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)	2,222,106	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	6,489,500	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	24,076,965	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	208,868	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))	403,305	21.00
22.00	Day Care Cost and Allowances	-6,775,566	22.00
23.00	Tuition Reimbursement	1,346,983	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	72,646,846	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/24/2017 1:28 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		7,150,380	72,646,846	1.00
2.00	Hospital		7,150,380	71,044,728	2.00
3.00	Subprovider - IPF		0	666,772	3.00
4.00	Subprovider - IRF		0	935,346	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		0	0	14.00
15.00	Hospital-Based Health Clinic FQHC		0	0	15.00
16.00	Hospital-Based-CMHC				16.00
16.10	Hospital-Based-CMHC 10		0	0	16.10
17.00	Renal Dialysis		0	0	17.00
18.00	Other		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/24/2017 1:28 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.263240	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		191,218,010	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		807,077,202	6.00
7.00	Medicaid cost (line 1 times line 6)		212,455,003	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		21,236,993	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		21,236,993	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)	27,999,814	6,042,513	34,042,327
21.00	Cost of patients approved for charity care (line 1 times line 20)	7,370,671	1,590,631	8,961,302
22.00	Partial payment by patients approved for charity care	461,420	318,175	779,595
23.00	Cost of charity care (line 21 minus line 22)	6,909,251	1,272,456	8,181,707
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		53,112,125	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		2,809,131	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		50,302,994	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		13,241,760	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		21,423,467	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		42,660,460	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	30,147,310	30,147,310	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	23,210,493	23,210,493	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,909,361	56,772,235	61,681,596	-180,915	61,500,681
5.01	00540	NONPATIENT TELEPHONES	695,303	2,000,040	2,695,343	-268,799	2,426,544
5.02	00550	DATA PROCESSING	4,613	38,138,302	38,142,915	-1,122,011	37,020,904
5.03	00560	PURCHASING RECEIVING AND STORES	1,855,656	3,847,884	5,703,540	-74,655	5,628,885
5.04	00570	ADMINITTING	0	101,759	101,759	-81,367	20,392
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	859,292	37,284,210	38,143,502	-416,012	37,727,490
5.06	00590	ADMINISTRATIVE AND GENERAL	19,749,452	150,367,436	170,116,888	-28,338,618	141,778,270
6.00	00600	MAINTENANCE & REPAIRS	4,388,609	21,947,663	26,336,272	-214,300	26,121,972
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,520,152	3,520,152	-24,135	3,496,017
9.00	00900	HOUSEKEEPING	8,030,662	4,837,527	12,868,189	-65,555	12,802,634
10.00	01000	DIETARY	5,648,886	8,015,831	13,664,717	-363,308	13,301,409
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,060,654	922,296	1,982,950	-515,556	1,467,394
15.00	01500	PHARMACY	12,809,633	49,545,689	62,355,322	-48,513,751	13,841,571
16.00	01600	MEDICAL RECORDS & LIBRARY	2,157	90,680	92,837	-14,558	78,279
17.00	01700	SOCIAL SERVICE	2,462,985	344,432	2,807,417	-46,298	2,761,119
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	16,000,134	0	16,000,134	0	16,000,134
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	25,558,862	25,558,862	-17,139	25,541,723
23.00	02300	ER PARAMEDIC TRNG	0	0	0	825,525	825,525
23.01	02301	PASTORAL CARE	0	0	0	238,222	238,222
23.02	02302	PHARMACY RESIDENCY	0	0	0	274,920	274,920
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	95,873,900	34,877,889	130,751,789	-11,159,246	119,592,543
31.00	03100	INTENSIVE CARE UNIT	29,585,847	15,963,699	45,549,546	-7,617,681	37,931,865
31.01	03101	NEONATAL INTENSIVE CARE UNIT	11,954,240	5,652,232	17,606,472	-5,543,166	12,063,306
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	4,126,505	512,002	4,638,507	-99,202	4,539,305
41.00	04100	SUBPROVIDER - I RF	6,202,907	4,865,924	11,068,831	-319,175	10,749,656
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	6,169,568	6,169,568
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,369,040	119,242,973	151,612,013	-96,716,648	54,895,365
51.00	05100	RECOVERY ROOM	5,483,790	1,201,597	6,685,387	-485,953	6,199,434
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,668,137	2,525,318	9,193,455	-1,802,258	7,391,197
53.00	05300	ANESTHESIOLOGY	829,269	1,856,228	2,685,497	-1,440,460	1,245,037
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,404,059	36,194,666	56,598,725	-28,747,998	27,850,727
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	201,336	35,111,350	35,312,686	-6,480,666	28,832,020
60.01	06001	BLOOD LABORATORY	0	4,562,624	4,562,624	-844,080	3,718,544
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	13,982,314	12,067,777	26,050,091	-6,836,125	19,213,966
66.00	06600	PHYSICAL THERAPY	5,639,991	11,915,133	17,555,124	-10,919,592	6,635,532
67.00	06700	OCCUPATIONAL THERAPY	4,870,468	710,740	5,581,208	-158,684	5,422,524
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,770,537	959,755	4,730,292	-556,274	4,174,018
70.00	07000	ELECTROENCEPHALOGRAPHY	206,431	83,974	290,405	-59,287	231,118
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	86,225,326	86,225,326
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	69,832,264	69,832,264
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	47,655,057	47,655,057
74.00	07400	RENAL DIALYSIS	1,804,613	889,751	2,694,364	-661,100	2,033,264
76.00	03020	DEV EVALUATION	1,712,005	254,877	1,966,882	-84,866	1,882,016
76.97	07697	CARDIAC REHABILITATION	864,460	142,675	1,007,135	-58,969	948,166
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	1,997,349	568,030	2,565,379	-234,404	2,330,975
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	17,355,800	14,173,913	31,529,713	-4,270,828	27,258,885
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,003,351	1,007,220	2,010,571	-778,936	1,231,635	105.00
106.00	10600	HEART ACQUISITION	0	0	0	2,703,834	2,703,834	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	345,383,746	708,635,345	1,054,019,091	1,149,944	1,055,169,035	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	420	420	0	420	190.00
190.01	19001	OTHER NONREIMB	1,876,104	1,927,993	3,804,097	-1,149,944	2,654,153	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		TOTAL (SUM OF LINES 118-199)	347,259,850	710,563,758	1,057,823,608	0	1,057,823,608	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	7,724,537	37,871,847	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	6,560,458	29,770,951	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,222,255	76,722,936	4.00
5.01	00540	NONPATIENT TELEPHONES	-825	2,425,719	5.01
5.02	00550	DATA PROCESSING	-15,511,377	21,509,527	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-28,681	5,600,204	5.03
5.04	00570	ADMINITTING	-505	19,887	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-28,838	37,698,652	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-87,163,986	54,614,284	5.06
6.00	00600	MAINTENANCE & REPAIRS	-303,120	25,818,852	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,496,017	8.00
9.00	00900	HOUSEKEEPING	-83	12,802,551	9.00
10.00	01000	DIETARY	-3,720,317	9,581,092	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-7,999	1,459,395	13.00
15.00	01500	PHARMACY	-52,494	13,789,077	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-7,969	70,310	16.00
17.00	01700	SOCIAL SERVICE	-84,537	2,676,582	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	16,000,134	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-860,358	24,681,365	22.00
23.00	02300	ER PARAMEDIC TRNG	0	825,525	23.00
23.01	02301	PASTORAL CARE	0	238,222	23.01
23.02	02302	PHARMACY RESIDENCY	0	274,920	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-7,107,592	112,484,951	30.00
31.00	03100	INTENSIVE CARE UNIT	-31,521	37,900,344	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	-2,531,152	9,532,154	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-7,129	4,532,176	40.00
41.00	04100	SUBPROVIDER - I RF	-3,887,461	6,862,195	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	6,169,568	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-8,475,696	46,419,669	50.00
51.00	05100	RECOVERY ROOM	-458	6,198,976	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-4,160	7,387,037	52.00
53.00	05300	ANESTHESIOLOGY	-129	1,244,908	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-76,452	27,774,275	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-718,317	28,113,703	60.00
60.01	06001	BLOOD LABORATORY	0	3,718,544	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	-3,711,182	15,502,784	65.00
66.00	06600	PHYSICAL THERAPY	-112,694	6,522,838	66.00
67.00	06700	OCCUPATIONAL THERAPY	-10,570	5,411,954	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,330	4,171,688	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	231,118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	86,225,326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	69,832,264	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	47,655,057	73.00
74.00	07400	RENAL DIALYSIS	-2,031	2,031,233	74.00
76.00	03020	DEV EVALUATION	-192	1,881,824	76.00
76.97	07697	CARDIAC REHABILITATION	-6,091	942,075	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	-4,826	2,326,149	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	-6,649,222	20,609,663	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-23,217	1,208,418	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
106.00	10600	HEART ACQUISITION	-14,398	2,689,436	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-111,640,659	943,528,376	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	420	190.00
190.01	19001	OTHER NONREIMB	-132,491	2,521,662	190.01
190.02	19002	OTHER	0	0	190.02
200.00		TOTAL (SUM OF LINES 118-199)	-111,773,150	946,050,458	200.00

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 1:28 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO	72.00	0	69,832,264	1.00
	PATIENT				
	TOTALS		0	69,832,264	
B - RECLASS CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	47,655,057	1.00
	TOTALS		0	47,655,057	
C - RECLASS MEDICAL SUPPLIES COST					
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	156,057,590	1.00
	PATIENTS				
2.00	LAUNDRY & LINEN SERVICE	8.00	0	169	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
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	TOTALS		0	156,057,759	
D - RECLASS HOMEBOUND NURSERY					
1.00	NURSERY	43.00	3,630,085	516,456	1.00
	TOTALS		3,630,085	516,456	
E - RECLASS NURSERY					
1.00	NURSERY	43.00	1,825,676	197,351	1.00
	TOTALS		1,825,676	197,351	
F - RECLASS PARAMEDICAL EDUCATION					
1.00	ER PARAMEDIC TRNG	23.00	574,927	250,598	1.00
	TOTALS		574,927	250,598	
G - RECLASS PASTORAL CARE					
1.00	PASTORAL CARE	23.01	192,237	45,985	1.00
	TOTALS		192,237	45,985	
H - RECLASS BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	24,026,157	1.00
	FIXT				
	TOTALS		0	24,026,157	
I - RECLASS EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	23,184,533	1.00
	EQUIP				
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

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 1:28 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	23,184,533		
J - RECLASS LAND IMP. DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,105,887		1.00
	TOTALS		0	2,105,887		
K - RECLASS LEASEHOLD IMP. DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	536,292		1.00
	TOTALS		0	536,292		
L - RECLASS CAPITAL INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	29,076		1.00
	TOTALS		0	29,076		
M - RECLASS REMEDIATION COST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	43,833		1.00
	TOTALS		0	43,833		
N - RECLASS VEHICLE DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	25,960		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
	TOTALS		0	25,960		
O - RECLASS BUILDING RENT						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,406,065		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
	TOTALS		0	3,406,065		

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 1:28 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
P - RECLASS PHARMACY RESIDENCY						
1.00	PHARMACY RESIDENCY	23.02	261,123	13,797	1.00	
	TOTALS		261,123	13,797		
Q - RECLASS KIDNEY TRANSP REL COST						
1.00	OPERATING ROOM	50.00	357,284	385,971	1.00	
	TOTALS		357,284	385,971		
R - HEART TRANSPL ACQUIS COST						
1.00	HEART ACQUISITION	106.00	1,263,164	1,329,089	1.00	
	TOTALS		1,263,164	1,329,089		
S - ADDITIONAL TRANSPLANT SALARY						
1.00	KIDNEY ACQUISITION	105.00	98,486	0	1.00	
2.00	HEART ACQUISITION	106.00	70,026	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
	TOTALS		168,512	0		
T - TRANSPLANT DIRECTOR HEART SALARY						
1.00	HEART ACQUISITION	106.00	41,555	0	1.00	
	TOTALS		41,555	0		
500.00	Grand Total: Increases		8,314,563	329,642,130	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 1:28 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - RECLASS IMPLANT COSTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	69,832,264	0	1.00	
	TOTALS		0	69,832,264			
B - RECLASS CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	47,655,057	0	1.00	
	TOTALS		0	47,655,057			
C - RECLASS MEDICAL SUPPLIES COST							
1.00	NONPATIENT TELEPHONES	5.01	0	1,643	0	1.00	
2.00	DATA PROCESSING	5.02	0	2	0	2.00	
3.00	PURCHASING RECEIVING AND STORES	5.03	0	2,528	0	3.00	
4.00	ADMINISTRATIVE AND GENERAL	5.06	0	29,748	0	4.00	
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	31	0	5.00	
6.00	SOCIAL SERVICE	17.00	0	4	0	6.00	
7.00	MAINTENANCE & REPAIRS	6.00	0	42	0	7.00	
9.00	HOUSEKEEPING	9.00	0	4,593	0	9.00	
10.00	DIETARY	10.00	0	716	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	338,322	0	11.00	
12.00	PHARMACY	15.00	0	118,686	0	12.00	
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	71	0	13.00	
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	15,625	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	6,783,556	0	15.00	
16.00	INTENSIVE CARE UNIT	31.00	0	6,030,762	0	16.00	
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,286,915	0	17.00	
18.00	SUBPROVIDER - IPF	40.00	0	82,211	0	18.00	
19.00	SUBPROVIDER - IRF	41.00	0	249,574	0	19.00	
20.00	OPERATING ROOM	50.00	0	88,969,707	0	20.00	
21.00	RECOVERY ROOM	51.00	0	215,902	0	21.00	
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,549,505	0	22.00	
23.00	ANESTHESIOLOGY	53.00	0	1,363,263	0	23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,597,460	0	24.00	
25.00	LABORATORY	60.00	0	6,479,017	0	25.00	
26.00	BLOOD LABORATORY	60.01	0	844,080	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	6,235,537	0	27.00	
28.00	PHYSICAL THERAPY	66.00	0	10,773,555	0	28.00	
29.00	OCCUPATIONAL THERAPY	67.00	0	81,515	0	29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	176,021	0	30.00	
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,555	0	31.00	
32.00	RENAL DIALYSIS	74.00	0	603,731	0	32.00	
33.00	DEV EVALUATION	76.00	0	67,497	0	33.00	
34.00	CARDIAC REHABILITATION	76.97	0	8,580	0	34.00	
35.00	AMBULATORY CARE	90.03	0	129,575	0	35.00	
36.00	EMERGENCY	91.00	0	2,891,696	0	36.00	
37.00	KIDNEY ACQUISITION	105.00	0	90	0	37.00	
38.00	OTHER NONREIMB	190.01	0	62,256	0	38.00	
39.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	48,188	0	39.00	
	TOTALS		0	156,057,759			
D - RECLASS HOMEBOUND NURSERY							
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	3,630,085	516,456	0	1.00	
	TOTALS		3,630,085	516,456			
E - RECLASS NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,825,676	197,351	0	1.00	
	TOTALS		1,825,676	197,351			
F - RECLASS PARAMEDICAL EDUCATION							
1.00	EMERGENCY	91.00	574,927	250,598	0	1.00	
	TOTALS		574,927	250,598			
G - RECLASS PASTORAL CARE							
1.00	ADMINISTRATIVE AND GENERAL	5.06	192,237	45,985	0	1.00	
	TOTALS		192,237	45,985			
H - RECLASS BUILDING DEPRECIATION							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	24,026,157	9	1.00	
	TOTALS		0	24,026,157			
I - RECLASS EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	813	9	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	1,259	9	2.00	
3.00	DATA PROCESSING	5.02	0	1,122,009	9	3.00	
4.00	PURCHASING RECEIVING AND STORES	5.03	0	72,127	9	4.00	
5.00	ADMINISTRATIVE	5.04	0	81,367	9	5.00	
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	6,627	9	6.00	

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 1:28 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,154,857	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	168,898	9		8.00
9.00	HOUSEKEEPING	9.00	0	60,962	9		9.00
10.00	DIETARY	10.00	0	323,690	9		10.00
11.00	NURSING ADMINISTRATION	13.00	0	177,234	9		11.00
12.00	PHARMACY	15.00	0	449,580	9		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	14,487	9		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,514	9		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	1,768,675	9		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	1,586,919	9		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	109,710	9		17.00
18.00	SUBPROVIDER - IPF	40.00	0	16,991	9		18.00
19.00	SUBPROVIDER - IRF	41.00	0	43,083	9		19.00
20.00	OPERATING ROOM	50.00	0	5,884,095	9		20.00
21.00	RECOVERY ROOM	51.00	0	270,051	9		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	252,753	9		22.00
23.00	ANESTHESIOLOGY	53.00	0	77,197	9		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,441,891	9		24.00
25.00	LABORATORY	60.00	0	1,649	9		25.00
26.00	RESPIRATORY THERAPY	65.00	0	600,588	9		26.00
27.00	PHYSICAL THERAPY	66.00	0	146,037	9		27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	77,169	9		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	380,253	9		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	43,732	9		30.00
31.00	RENAL DIALYSIS	74.00	0	57,369	9		31.00
32.00	DEV EVALUATION	76.00	0	17,369	9		32.00
33.00	CARDIAC REHABILITATION	76.97	0	50,389	9		33.00
34.00	AMBULATORY CARE	90.03	0	104,829	9		34.00
35.00	EMERGENCY	91.00	0	553,418	9		35.00
36.00	KIDNEY ACQUISITION	105.00	0	4,050	9		36.00
37.00	OTHER NONREIMB	190.01	0	36,588	0		37.00
38.00	LAUNDRY & LINEN SERVICE	8.00	0	24,304	0		38.00
TOTALS				0	23,184,533		
J - RECLASS LAND IMP. DEPRECIATION							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	2,105,887	9		1.00
TOTALS				0	2,105,887		
K - RECLASS LEASEHOLD IMP. DEPRECIATION							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	536,292	11		1.00
TOTALS				0	536,292		
L - RECLASS CAPITAL INTEREST							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	29,076	11		1.00
TOTALS				0	29,076		
M - RECLASS REMEDIATION COST							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	43,833	11		1.00
TOTALS				0	43,833		
N - RECLASS VEHICLE DEPRECIATION							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	25,771	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00	EMERGENCY	91.00	0	189	9		4.00
TOTALS				0	25,960		
O - RECLASS BUILDING RENT							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	131,914	10		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	409,354	10		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.06	0	94,724	10		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	45,360	10		4.00
5.00	NONPATIENT TELEPHONES	5.01	0	265,897	10		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	583,988	10		6.00
7.00	OPERATING ROOM	50.00	0	91	10		7.00
8.00		0.00	0	0	10		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	708,647	10		9.00
10.00		0.00	0	0	10		10.00
11.00	KIDNEY ACQUISITION	105.00	0	88,472	10		11.00
12.00	OTHER NONREIMB	190.01	0	1,051,100	10		12.00
13.00		0.00	0	0	10		13.00
14.00	SUBPROVIDER - IRF	41.00	0	26,518	0		14.00
TOTALS				0	3,406,065		
P - RECLASS PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	261,123	13,797	0		1.00
TOTALS				261,123	13,797		

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 1:28 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
Q - RECLASS KIDNEY TRANSP REL COST						
1.00	KIDNEY ACQUISITION	105.00	357,284	385,971	0	1.00
	TOTALS		357,284	385,971		
R - HEART TRANSPL ACQUIS COST						
1.00	OPERATING ROOM	50.00	1,263,164	1,329,089	0	1.00
	TOTALS		1,263,164	1,329,089		
S - ADDITIONAL TRANSPLANT SALARY						
1.00	DIETARY	10.00	38,902	0	0	1.00
2.00	SOCIAL SERVICE	17.00	46,294	0	0	2.00
3.00	PHARMACY	15.00	15,508	0	0	3.00
4.00	ADMINISTRATIVE AND GENERAL	5.06	54,051	0	0	4.00
5.00	OPERATING ROOM	50.00	13,757	0	0	5.00
	TOTALS		168,512	0		
T - TRANSPLANT DIRECTOR HEART SALARY						
1.00	KIDNEY ACQUISITION	105.00	41,555	0	0	1.00
	TOTALS		41,555	0		
500.00	Grand Total : Decreases		8,314,563	329,642,130		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,452,884	2,793,125	0	2,793,125	0	1.00
2.00	Land Improvements	14,487,686	15,283,404	0	15,283,404	21,850	2.00
3.00	Buildings and Fixtures	428,695,052	198,311,711	0	198,311,711	8,673	3.00
4.00	Building Improvements	5,681,326	0	0	0	0	4.00
5.00	Fixed Equipment	228,426,405	46,738,837	0	46,738,837	1,751,049	5.00
6.00	Movable Equipment	524,785	9,369	0	9,369	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	685,268,138	263,136,446	0	263,136,446	1,781,572	8.00
9.00	Reconciling Items	-291,392,364	192,180,509	0	192,180,509	0	9.00
10.00	Total (line 8 minus line 9)	976,660,502	70,955,937	0	70,955,937	1,781,572	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,246,009	0				1.00
2.00	Land Improvements	29,749,240	3,192,548				2.00
3.00	Buildings and Fixtures	626,998,090	108,930,684				3.00
4.00	Building Improvements	5,681,326	444,456				4.00
5.00	Fixed Equipment	273,414,193	116,737,990				5.00
6.00	Movable Equipment	534,154	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	946,623,012	229,305,678				8.00
9.00	Reconciling Items	-99,211,855	0				9.00
10.00	Total (line 8 minus line 9)	1,045,834,867	229,305,678				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2017 1:28 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,045,300,713	0	1,045,300,713	0.999489	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	534,154	0	534,154	0.000511	0	2.00
3.00	Total (sum of lines 1-2)	1,045,834,867	0	1,045,834,867	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	33,856,581	3,406,065	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	29,770,951	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	63,627,532	3,406,065	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	609,201	0	0	0	37,871,847	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	29,770,951	2.00
3.00	Total (sum of lines 1-2)	609,201	0	0	0	67,642,798	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0208

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

Worksheet A-8

Date/Time Prepared:
5/24/2017 1:28 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		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-31,132,952			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	-23,696,742			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	A	-7,755	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	5,555,832	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	194,683	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist		0	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		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		-345,500	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00		0			0.00	0 33.00
33.01		0			0.00	0 33.01
33.02		0			0.00	0 33.02
33.03		0			0.00	0 33.03
33.04		0			0.00	0 33.04
33.05		0			0.00	0 33.05
33.06		0			0.00	0 33.06
33.07		0			0.00	0 33.07
33.08		0			0.00	0 33.08
34.00	MI SC REV B	-75	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 34.00
35.00	MI SC REV B	-825	NONPATIENT TELEPHONES		5.01	0 35.00
38.00	MI SC REV B	-15,390	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 38.00
39.00	MI SC REV B	-413,833	ADMINISTRATIVE AND GENERAL		5.06	0 39.00
41.00		0			0.00	0 41.00
42.00	MI SC REV B	-3,714,614	DIETARY		10.00	0 42.00
43.00	MI SC REV B	-125	NURSING ADMINISTRATION		13.00	0 43.00
44.00	MI SC REV B	-12,511	PHARMACY		15.00	0 44.00
45.00	MI SC REV B	-582,708	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 45.00
45.01		0			0.00	0 45.01
45.02		0			0.00	0 45.02
45.03		0			0.00	0 45.03
45.04	MI SC REV B	-184,532	ADULTS & PEDIATRICS		30.00	0 45.04
45.05	MI SC REV B	80	INTENSIVE CARE UNIT		31.00	0 45.05
45.06		0			0.00	0 45.06
45.07	MI SC REV B	-84,316	NEONATAL INTENSIVE CARE UNIT		31.01	0 45.07
45.08		0			0.00	0 45.08
45.09	MI SC REV B	22,870	OPERATING ROOM		50.00	0 45.09
45.10		0			0.00	0 45.10
45.11	MI SC REV B	-53,973	RADIOLOGY-DIAGNOSTIC		54.00	0 45.11
45.12	MI SC REV B	-646,935	LABORATORY		60.00	0 45.12
45.13	MI SC REV B	-49,437	PHYSICAL THERAPY		66.00	0 45.13
45.14	MI SC REV B	-150	OCCUPATIONAL THERAPY		67.00	0 45.14
45.15	MI SC REV B	-167	ELECTROCARDIOLOGY		69.00	0 45.15
45.16		0			0.00	0 45.16
45.17		0			0.00	0 45.17
45.18	MI SC REV B	-3,893	CARDIAC REHABILITATION		76.97	0 45.18
45.19		0			0.00	0 45.19
45.20		0			0.00	0 45.20
45.21		0			0.00	0 45.21
45.22	MI SC REV B	-198,533	EMERGENCY		91.00	0 45.22
45.23		0			0.00	0 45.23
45.24	NONALLOWABLE COSTS A	-173,602	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.24
45.25		0			0.00	0 45.25
45.26	NONALLOWABLE COSTS A	-467	DATA PROCESSING		5.02	0 45.26
45.27		0			0.00	0 45.27
45.28	NONALLOWABLE COSTS A	-28,681	PURCHASING RECEIVING AND STORES		5.03	0 45.28
45.29		0			0.00	0 45.29
45.30	NONALLOWABLE COSTS A	-14,398	HEART ACQUISITION		106.00	0 45.30
45.31	NONALLOWABLE COSTS A	-132,491	OTHER NONREIMB		190.01	0 45.31
45.32	NONALLOWABLE COSTS A	-83	HOUSEKEEPING		9.00	0 45.32
45.33	NONALLOWABLE COSTS A	-8,097,398	ADMINISTRATIVE AND GENERAL		5.06	0 45.33
45.34	NONALLOWABLE COSTS A	-39,983	PHARMACY		15.00	0 45.34
45.35	NONALLOWABLE COSTS A	-214	MEDICAL RECORDS & LIBRARY		16.00	0 45.35
45.36	NONALLOWABLE COSTS A	-303,120	MAINTENANCE & REPAIRS		6.00	0 45.36
45.37	NONALLOWABLE COSTS A	-5,703	DIETARY		10.00	0 45.37
45.38	NONALLOWABLE COSTS A	-7,874	NURSING ADMINISTRATION		13.00	0 45.38
45.39	NONALLOWABLE COSTS A	-505	ADMITTING		5.04	0 45.39
45.40	NONALLOWABLE COSTS A	-13,448	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 45.40
45.41	NONALLOWABLE COSTS A	-277,650	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 45.41
45.42	NONALLOWABLE COSTS A	-84,537	SOCIAL SERVICE		17.00	0 45.42
45.43	NONALLOWABLE COSTS A	-2,198	CARDIAC REHABILITATION		76.97	0 45.43
45.44	NONALLOWABLE COSTS A	-906,456	ADULTS & PEDIATRICS		30.00	0 45.44
45.45	NONALLOWABLE COSTS A	-24,637	INTENSIVE CARE UNIT		31.00	0 45.45
45.46	NONALLOWABLE COSTS A	-13,182	NEONATAL INTENSIVE CARE UNIT		31.01	0 45.46

Provider CCN: 14-0208
 Period: From 01/01/2016 To 12/31/2016
 Worksheet A-8
 Date/Time Prepared: 5/24/2017 1:28 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
45.47	NONALLOWABLE COSTS	A	-458	RECOVERY ROOM	51.00	0	45.47
45.48	NONALLOWABLE COSTS	A	-4,160	DELIVERY ROOM & LABOR ROOM	52.00	0	45.48
45.49	NONALLOWABLE COSTS	A	-7,129	SUBPROVIDER - IPF	40.00	0	45.49
45.50	NONALLOWABLE COSTS	A	-21,672	SUBPROVIDER - IRF	41.00	0	45.50
45.51	NONALLOWABLE COSTS	A	-290,797	OPERATING ROOM	50.00	0	45.51
45.52	NONALLOWABLE COSTS	A	-22,164	RADIOLOGY-DIAGNOSTIC	54.00	0	45.52
45.53	NONALLOWABLE COSTS	A	-71,382	LABORATORY	60.00	0	45.53
45.54	NONALLOWABLE COSTS	A	-2,163	ELECTROCARDIOLOGY	69.00	0	45.54
45.55	NONALLOWABLE COSTS	A	-129	ANESTHESIOLOGY	53.00	0	45.55
45.56	NONALLOWABLE COSTS	A	-2,031	RENAL DIALYSIS	74.00	0	45.56
45.57	NONALLOWABLE COSTS	A	-23,670	RESPIRATORY THERAPY	65.00	0	45.57
45.58	NONALLOWABLE COSTS	A	-31,856	PHYSICAL THERAPY	66.00	0	45.58
45.59	NONALLOWABLE COSTS	A	-10,420	OCCUPATIONAL THERAPY	67.00	0	45.59
45.60	NONALLOWABLE COSTS	A	-192	DEV EVALUATION	76.00	0	45.60
45.61			0		0.00	0	45.61
45.62	NONALLOWABLE COSTS	A	-2,481	AMBULATORY CARE	90.03	0	45.62
45.63	NONALLOWABLE COSTS	A	-208,226	EMERGENCY	91.00	0	45.63
45.64	NONALLOWABLE COSTS	A	-23,217	KIDNEY ACQUISITION	105.00	0	45.64
45.65	ELIMINATE P/R AND MARKETING	A	-14,412	ADMINISTRATIVE AND GENERAL	5.06	0	45.65
45.66	INTEREST OFFSET	A	-13,677,743	ADMINISTRATIVE AND GENERAL	5.06	0	45.66
45.67	ELIMINATE MEDICAID ASSESSMENT	A	-31,860,720	ADMINISTRATIVE AND GENERAL	5.06	0	45.67
45.71			0		0.00	0	45.71
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-111,773,150				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0208

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2017 1:28 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	PERSONNEL	15,395,932	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	14,901,947	30,412,857
3.00	5.06	ADMINISTRATIVE AND GENERAL	A&G	15,895,987	48,012,231
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAP. -B&F	2,168,705	0
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAP. -M. E.	6,365,775	0
4.02	0.00			0	0
4.03	0.00			0	0
5.00	0	0	0	54,728,346	78,425,088

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

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

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

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

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

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

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

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

Provider CCN: 14-0208

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2017 1:28 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	15,395,932	0		1.00
2.00	-15,510,910	0		2.00
3.00	-32,116,244	0		3.00
4.00	2,168,705	9		4.00
4.01	6,365,775	9		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-23,696,742			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0208

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2017 1:28 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	5.06	ADMINISTRATIVE AND GENERAL	983,636	983,636	0	177,200	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	5,671,104	5,671,104	0	177,200	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	6,964	6,964	0	177,200	0	3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	2,433,654	2,433,654	0	177,200	0	4.00
5.00	41.00	SUBPROVIDER - IRF	3,865,789	3,865,789	0	154,100	0	5.00
6.00	50.00	OPERATING ROOM	8,207,769	8,207,769	0	177,200	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	315	315	0	208,000	0	7.00
8.00	65.00	RESPIRATORY THERAPY	3,687,512	3,687,512	0	208,000	0	8.00
9.00	66.00	PHYSICAL THERAPY	31,401	31,401	0	225,300	0	9.00
10.00	91.00	EMERGENCY	6,242,463	6,242,463	0	177,200	0	10.00
11.00	90.03	AMBULATORY CARE	2,345	2,345	0	208,000	0	11.00
200.00			31,132,952	31,132,952	0		0	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	5.06	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	90.03	AMBULATORY CARE	0	0	0	0	0	11.00
200.00			0	0	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	5.06	ADMINISTRATIVE AND GENERAL	0	0	0	983,636		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,671,104		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	6,964		3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	2,433,654		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	3,865,789		5.00
6.00	50.00	OPERATING ROOM	0	0	0	8,207,769		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	315		7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	3,687,512		8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	31,401		9.00
10.00	91.00	EMERGENCY	0	0	0	6,242,463		10.00
11.00	90.03	AMBULATORY CARE	0	0	0	2,345		11.00
200.00			0	0	0	31,132,952		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	37,871,847	37,871,847				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	29,770,951		29,770,951			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	76,722,936	147,036	1,019	76,870,991		4.00
5.01 00540 NONPATIENT TELEPHONES	2,425,719	295,788	1,578	156,123	2,879,208	5.01
5.02 00550 DATA PROCESSING	21,509,527	64,578	1,406,644	1,036	31,327	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	5,600,204	795	90,424	416,667	31,327	5.03
5.04 00570 ADMINISTRATION	19,887	1,838	102,008	0	24,207	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	37,698,652	458,512	8,308	192,945	159,481	5.05
5.06 00590 ADMINISTRATIVE AND GENERAL	54,614,284	21,600,757	2,150,966	4,379,221	256,309	5.06
6.00 00600 MAINTENANCE & REPAIRS	25,818,852	4,793,810	211,745	985,414	145,242	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	3,496,017	0	30,470	0	0	8.00
9.00 00900 HOUSEKEEPING	12,802,551	475	76,427	1,803,197	18,511	9.00
10.00 01000 DIETARY	9,581,092	90,764	405,805	1,259,660	62,653	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	1,459,395	601,476	222,195	238,158	38,446	13.00
15.00 01500 PHARMACY	13,789,077	16,452	561,146	2,814,148	46,990	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	70,310	8,707	18,162	484	74,045	16.00
17.00 01700 SOCIAL SERVICE	2,676,582	0	0	542,641	25,631	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	16,000,134	0	0	3,592,654	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	24,681,365	0	1,898	0	81,165	22.00
23.00 02300 ER PARAMEDIC TRNG	825,525	17,181	8,954	129,094	17,087	23.00
23.01 02301 PASTORAL CARE	238,222	1,353	1,507	43,165	7,120	23.01
23.02 02302 PHARMACY RESIDENCY	274,920	73	2,485	58,632	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	112,484,951	2,043,884	2,049,812	21,117,447	492,680	30.00
31.00 03100 INTENSIVE CARE UNIT	37,900,344	106,681	1,989,493	6,643,176	54,110	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	9,532,154	242,381	75,339	1,869,097	51,262	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	4,532,176	2,066	21,301	926,561	105,372	40.00
41.00 04100 SUBPROVIDER - IRF	6,862,195	80,340	54,012	1,392,795	32,751	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	6,169,568	286,551	229,749	1,225,031	46,990	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	46,419,669	1,858,934	7,371,145	7,061,618	182,264	50.00
51.00 05100 RECOVERY ROOM	6,198,976	31,122	338,558	1,231,325	11,392	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,387,037	70,373	316,872	1,497,257	35,599	52.00
53.00 05300 ANESTHESIOLOGY	1,244,908	0	96,781	186,203	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	27,774,275	2,633,485	9,329,783	4,581,507	223,559	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	28,113,703	339,367	2,067	45,208	129,579	60.00
60.01 06001 BLOOD LABORATORY	3,718,544	0	0	0	11,392	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	15,502,784	1,178	752,947	3,139,575	37,022	65.00
66.00 06600 PHYSICAL THERAPY	6,522,838	20,897	183,084	1,266,398	29,903	66.00
67.00 06700 OCCUPATIONAL THERAPY	5,411,954	7,780	96,745	1,093,610	68,349	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	4,171,688	414	476,717	846,633	52,686	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	231,118	38,504	54,826	46,352	7,120	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	86,225,326	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	69,832,264	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	47,655,057	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	2,031,233	276,155	71,923	405,206	0	74.00
76.00 03020 DEV EVALUATION	1,881,824	1,058	21,775	384,412	34,175	76.00
76.97 07697 CARDIAC REHABILITATION	942,075	0	63,172	194,105	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	2,326,149	1,104	131,422	448,483	69,773	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	20,609,663	506,865	685,094	3,767,960	142,394	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	1,208,418	56,052	2,899	157,850	2,848	105.00
106.00 10600 HEART ACQUISITION	2,689,436	0	7,824	308,684	5,696	106.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	943,528,376	36,704,786	29,725,081	76,449,732	2,846,457	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	420	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	2,521,662	1,167,061	45,870	421,259	32,751	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	946,050,458	37,871,847	29,770,951	76,870,991	2,879,208	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/24/2017 1:28 pm	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	23,013,112					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	6,139,417				5.03
5.04	00570	ADMINITTING	0	0	147,940			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1	0	38,517,899		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	1,171	0	0	83,002,708	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2	0	0	31,955,065	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	3,526,487	8.00
9.00	00900	HOUSEKEEPING	0	181	0	0	14,701,342	9.00
10.00	01000	DIETARY	0	28	0	0	11,400,002	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	13,313	0	0	2,572,983	13.00
15.00	01500	PHARMACY	0	4,571	0	0	17,232,384	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3	0	0	171,711	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,244,854	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	19,592,788	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	615	0	0	24,765,043	22.00
23.00	02300	ER PARAMEDIC TRNG	0	333	0	0	998,174	23.00
23.01	02301	PASTORAL CARE	0	0	0	0	291,367	23.01
23.02	02302	PHARMACY RESIDENCY	0	21	0	0	336,131	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,309,608	264,662	28,809	5,541,795	147,333,648	30.00
31.00	03100	INTENSIVE CARE UNIT	1,236,789	237,304	11,258	2,069,910	50,249,065	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	287,164	28,046	2,614	480,603	12,568,660	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	172,519	3,235	1,570	288,730	6,053,530	40.00
41.00	04100	SUBPROVIDER - I/RF	166,986	9,820	1,520	279,470	8,879,889	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	250,159	24,857	2,277	418,670	8,653,852	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,121,099	3,500,265	11,593	3,549,906	72,076,493	50.00
51.00	05100	RECOVERY ROOM	249,812	8,496	956	418,089	8,488,726	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	224,882	60,971	1,857	376,367	9,971,215	52.00
53.00	05300	ANESTHESIOLOGY	474,216	53,643	2,702	793,656	2,852,109	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,968,609	811,269	12,112	4,968,313	53,302,912	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,754,541	254,943	11,177	2,936,428	33,587,013	60.00
60.01	06001	BLOOD LABORATORY	248,602	33,214	1,834	416,064	4,429,650	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,011,134	245,362	8,855	1,692,250	22,391,107	65.00
66.00	06600	PHYSICAL THERAPY	361,226	423,929	1,897	604,553	9,414,725	66.00
67.00	06700	OCCUPATIONAL THERAPY	204,242	3,208	1,027	341,822	7,228,737	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	419,382	6,926	2,240	701,885	6,678,571	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,209	612	181	38,843	440,765	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	989,929	0	6,522	1,656,762	88,878,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,318,270	0	9,408	2,206,278	73,366,220	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,235,325	0	21,027	5,414,692	56,326,101	73.00
74.00	07400	RENAL DIALYSIS	61,780	23,756	501	103,395	2,973,949	74.00
76.00	03020	DEV EVALUATION	29,739	2,656	147	49,772	2,405,558	76.00
76.97	07697	CARDIAC REHABILITATION	22,183	338	43	37,125	1,259,041	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	75,678	5,099	7	126,657	3,184,372	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,760,000	113,453	5,486	2,945,565	30,536,480	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,087	2	92	16,882	1,455,130	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
106.00	10600	HEART ACQUISITION	25,942	662	228	43,417	3,081,889	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,013,112	6,136,967	147,940	38,517,899	941,858,985	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	420	190.00
190.01	19001	OTHER NONREIMB	0	2,450	0	0	4,191,053	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	23,013,112	6,139,417	147,940	38,517,899	946,050,458	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/24/2017 1:28 pm	
Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	83,002,708					5.06
6.00	00600	MAINTENANCE & REPAIRS	3,073,246	35,028,311				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	339,156	38,834	3,904,477			8.00
9.00	00900	HOUSEKEEPING	1,413,887	449,248	0	16,564,477		9.00
10.00	01000	DIETARY	1,096,384	2,173,849	0	775,070	15,445,305	10.00
11.00	01100	CAFETERIA	0	0	0	0	7,346,103	11.00
13.00	01300	NURSING ADMINISTRATION	247,454	116,269	0	185,935	0	13.00
15.00	01500	PHARMACY	1,657,307	533,662	0	184,669	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,514	176,941	0	134,348	0	16.00
17.00	01700	SOCIAL SERVICE	312,071	37,098	0	23,736	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,884,317	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,381,753	499,135	0	171,060	0	22.00
23.00	02300	ER PARAMEDIC TRNG	95,998	17,931	8,995	122,638	0	23.00
23.01	02301	PASTORAL CARE	28,022	35,428	0	10,602	0	23.01
23.02	02302	PHARMACY RESIDENCY	32,327	2,337	0	475	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,169,620	9,892,679	1,991,273	2,843,611	6,059,882	30.00
31.00	03100	INTENSIVE CARE UNIT	4,832,654	3,112,014	448,555	1,161,498	1,193,337	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,208,778	364,601	34,180	39,719	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	582,192	516,599	57,316	223,596	385,345	40.00
41.00	04100	SUBPROVIDER - IRF	854,014	689,800	76,792	176,440	460,638	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	832,276	702,823	44,594	127,543	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,931,885	5,061,707	112,574	627,905	0	50.00
51.00	05100	RECOVERY ROOM	816,395	810,610	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	958,972	2,054,975	87,763	40,985	0	52.00
53.00	05300	ANESTHESIOLOGY	274,299	53,961	0	8,229	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,126,354	3,223,175	512,184	2,360,341	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,230,197	885,073	27,237	578,533	0	60.00
60.01	06001	BLOOD LABORATORY	426,017	0	0	34,972	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,153,442	167,291	0	187,042	0	65.00
66.00	06600	PHYSICAL THERAPY	905,452	340,426	92,518	288,317	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	695,217	262,690	0	412,063	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	642,305	309,906	37,898	174,225	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,390	53,693	29,856	40,668	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,547,805	0	0	1,018,130	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,055,923	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,417,106	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	286,017	112,028	0	23,262	0	74.00
76.00	03020	DEV EVALUATION	231,352	174,838	0	98,110	0	76.00
76.97	07697	CARDIAC REHABILITATION	121,087	126,921	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	306,254	599,710	28,658	314,585	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,936,815	1,250,709	261,088	2,019,170	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	139,946	62,342	0	0	0	105.00
106.00	10600	HEART ACQUISITION	296,398	35,195	0	0	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	82,599,598	34,944,498	3,851,481	14,407,477	15,445,305	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	40	69,321	0	63,297	0	190.00
190.01	19001	OTHER NONREIMB	403,070	14,492	52,996	2,093,703	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	83,002,708	35,028,311	3,904,477	16,564,477	15,445,305	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/24/2017 1:28 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	7,346,103					11.00
13.00	01300	NURSING ADMINISTRATION	21,622	3,144,263				13.00
15.00	01500	PHARMACY	232,437	760	19,841,219			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	499,514		16.00
17.00	01700	SOCIAL SERVICE	55,857	15,059	0	380	3,689,055	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	315,322	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	937	0	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	14,415	38	3,431	0	0	23.00
23.01	02301	PASTORAL CARE	5,406	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	5,406	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,475,727	1,399,658	4,810,800	172,624	2,950,357	30.00
31.00	03100	INTENSIVE CARE UNIT	729,745	493,441	4,626,865	730	574,420	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	151,355	90,728	236,427	31,872	164,278	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	104,507	69,569	182,025	23,591	0	40.00
41.00	04100	SUBPROVIDER - I/RF	158,562	93,846	94,750	24,937	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	147,751	95,166	235,423	5,898	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	747,764	266,503	3,815,444	60,056	0	50.00
51.00	05100	RECOVERY ROOM	129,733	71,971	411,644	2,507	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	165,769	105,299	477,474	3,945	0	52.00
53.00	05300	ANESTHESIOLOGY	27,028	11,142	891,906	1,654	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	472,082	70,080	716,617	51,682	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,604	0	0	18,217	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	1,212	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	360,368	766	7,847	6,072	0	65.00
66.00	06600	PHYSICAL THERAPY	133,336	2,890	25,200	4,377	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	115,318	286	0	2,795	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	99,101	44,084	57,941	30,115	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,207	4,072	0	298	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,600	0	73.00
74.00	07400	RENAL DIALYSIS	37,839	23,243	7,198	164	0	74.00
76.00	03020	DEV EVALUATION	36,037	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	19,820	7,773	553	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	43,244	24,664	344,089	72	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	452,262	247,940	2,880,672	50,716	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,811	189	0	0	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
106.00	10600 HEART ACQUISITION	25,226	75	0	0	0	106.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,304,661	3,140,179	19,826,306	499,514	3,689,055	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	41,442	4,084	14,913	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	7,346,103	3,144,263	19,841,219	499,514	3,689,055	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	ER PARAMEDIC TRNG	PASTORAL CARE	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMIN TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
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
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	21,792,427					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		27,817,928				22.00
23.00 02300 ER PARAMEDIC TRNG			1,261,620	1,261,620		23.00
23.01 02301 PASTORAL CARE			370,825		371,320	23.01
23.02 02302 PHARMACY RESIDENCY			376,676			23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,846,165	15,121,573	221,067,617	295,451	254,041	30.00
31.00 03100 INTENSIVE CARE UNIT	2,320,661	2,962,313	72,705,298	97,062	47,286	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	891,486	1,137,977	16,920,061	22,588	13,524	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	8,198,270	10,945	15,269	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	11,509,668	15,365	18,253	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	10,845,326	14,479	22,947	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,282,683	2,913,834	94,896,848	126,687	0	50.00
51.00 05100 RECOVERY ROOM	0	0	10,731,586	14,327	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	13,866,397	18,512	0	52.00
53.00 05300 ANESTHESIOLOGY	484,720	618,743	5,223,791	6,974	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	65,835,427	87,890	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	38,329,874	51,170	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	4,891,851	6,531	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	25,273,935	33,741	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	11,207,241	14,962	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	8,717,106	11,637	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	360,792	460,549	8,895,487	11,875	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	618,949	826	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	98,444,474	131,423	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	80,422,143	107,364	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	61,748,807	82,435	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	3,463,700	4,624	0	74.00
76.00 03020 DEV EVALUATION	0	0	2,945,895	3,933	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	1,535,195	2,049	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	0	0	4,845,648	6,469	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	3,605,920	4,602,939	48,844,711	65,208	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	ER PARAMEDIC TRNG	PASTORAL CARE			
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00						
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	1,668,418	2,227	0	105.00
106.00	10600	HEART ACQUISITION	0	0	3,438,783	4,591	0	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,792,427	27,817,928	939,101,627	1,252,343	371,320	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	133,078	178	0	190.00
190.01	19001	OTHER NONREIMB	0	0	6,815,753	9,099	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	21,792,427	27,817,928	946,050,458	1,261,620	371,320	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/24/2017 1:28 pm	
Cost Center Description			Subtotal	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23A.01	23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	ER PARAMEDIC TRNG						23.00
23.01	02301	PASTORAL CARE						23.01
23.02	02302	PHARMACY RESIDENCY	377,179	377,179				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	221,617,109	88,280	221,705,389	-26,967,738	194,737,651	30.00
31.00	03100	INTENSIVE CARE UNIT	72,849,646	29,067	72,878,713	-5,282,974	67,595,739	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	16,956,173	6,766	16,962,939	-2,029,463	14,933,476	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,224,484	3,282	8,227,766	0	8,227,766	40.00
41.00	04100	SUBPROVIDER - IRF	11,543,286	4,606	11,547,892	0	11,547,892	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	10,882,752	4,342	10,887,094	0	10,887,094	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	95,023,535	37,914	95,061,449	-5,196,517	89,864,932	50.00
51.00	05100	RECOVERY ROOM	10,745,913	4,288	10,750,201	0	10,750,201	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,884,909	5,540	13,890,449	0	13,890,449	52.00
53.00	05300	ANESTHESIOLOGY	5,230,765	2,087	5,232,852	-1,103,463	4,129,389	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,923,317	26,303	65,949,620	0	65,949,620	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	38,381,044	15,314	38,396,358	0	38,396,358	60.00
60.01	06001	BLOOD LABORATORY	4,898,382	1,954	4,900,336	0	4,900,336	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	25,307,676	10,098	25,317,774	0	25,317,774	65.00
66.00	06600	PHYSICAL THERAPY	11,222,203	4,478	11,226,681	0	11,226,681	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,728,743	3,483	8,732,226	0	8,732,226	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,907,362	3,554	8,910,916	-821,341	8,089,575	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	619,775	247	620,022	0	620,022	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	98,575,897	39,332	98,615,229	0	98,615,229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	80,529,507	32,131	80,561,638	0	80,561,638	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,831,242	24,671	61,855,913	0	61,855,913	73.00
74.00	07400	RENAL DIALYSIS	3,468,324	1,384	3,469,708	0	3,469,708	74.00
76.00	03020	DEV EVALUATION	2,949,828	1,177	2,951,005	0	2,951,005	76.00
76.97	07697	CARDIAC REHABILITATION	1,537,244	613	1,537,857	0	1,537,857	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	4,852,117	1,936	4,854,053	0	4,854,053	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	48,909,919	19,515	48,929,434	-8,208,859	40,720,575	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description		Subtotal	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23A.01	23.02	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,670,645	667	1,671,312	0	1,671,312	105.00
106.00	10600	HEART ACQUISITION	3,443,374	1,374	3,444,748	0	3,444,748	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	939,092,350	374,403	939,089,574	-49,610,355	889,479,219	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	133,256	53	133,309	0	133,309	190.00
190.01	19001	OTHER NONREIMB	6,824,852	2,723	6,827,575	0	6,827,575	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	946,050,458	377,179	946,050,458	-49,610,355	896,440,103	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	44	147,036	1,019	148,099	4.00
5.01 00540	NONPATIENT TELEPHONES	0	295,788	1,578	297,366	5.01
5.02 00550	DATA PROCESSING	0	64,578	1,406,644	1,471,222	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	13,050	795	90,424	104,269	5.03
5.04 00570	ADMITTING	0	1,838	102,008	103,846	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	458,512	8,308	466,820	5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	23,174	21,600,757	2,150,966	23,774,897	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	4,793,810	211,745	5,005,555	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	30,470	30,470	8.00
9.00 00900	HOUSEKEEPING	15,118	475	76,427	92,020	9.00
10.00 01000	DIETARY	77,562	90,764	405,805	574,131	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	601,476	222,195	823,671	13.00
15.00 01500	PHARMACY	345	16,452	561,146	577,943	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	8,707	18,162	26,869	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	255	0	0	255	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,898	1,898	22.00
23.00 02300	ER PARAMEDIC TRNG	0	17,181	8,954	26,135	23.00
23.01 02301	PASTORAL CARE	0	1,353	1,507	2,860	23.01
23.02 02302	PHARMACY RESIDENCY	0	73	2,485	2,558	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,012,685	2,043,884	2,049,812	5,106,381	30.00
31.00 03100	INTENSIVE CARE UNIT	1,964	106,681	1,989,493	2,098,138	31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT	21,308	242,381	75,339	339,028	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	2,066	21,301	23,367	40.00
41.00 04100	SUBPROVIDER - I RF	0	80,340	54,012	134,352	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	286,551	229,749	516,300	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	525,924	1,858,934	7,371,145	9,756,003	50.00
51.00 05100	RECOVERY ROOM	90	31,122	338,558	369,770	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	70,373	316,872	387,245	52.00
53.00 05300	ANESTHESIOLOGY	471	0	96,781	97,252	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	128,425	2,633,485	9,329,783	12,091,693	54.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	339,367	2,067	341,434	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	106,362	1,178	752,947	860,487	65.00
66.00 06600	PHYSICAL THERAPY	0	20,897	183,084	203,981	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	7,780	96,745	104,525	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	131	414	476,717	477,262	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	231	38,504	54,826	93,561	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	276,155	71,923	348,078	74.00
76.00 03020	DEV EVALUATION	0	1,058	21,775	22,833	76.00
76.97 07697	CARDIAC REHABILITATION	120	0	63,172	63,292	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02 09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03 09003	AMBULATORY CARE	281	1,104	131,422	132,807	90.03
90.04 09004	OTHER	0	0	0	0	90.04
91.00 09100	EMERGENCY	23,232	506,865	685,094	1,215,191	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	56,052	2,899	58,951	304	105.00
106.00 10600 HEART ACQUISITION	0	0	7,824	7,824	595	106.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	1,950,772	36,704,786	29,725,081	68,380,639	147,287	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	2,874	1,167,061	45,870	1,215,805	812	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
200.00				0	0	200.00
201.00				0	0	201.00
202.00	1,953,646	37,871,847	29,770,951	69,596,444	148,099	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 1:28 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	297,667					5.01
5.02	00550	DATA PROCESSING	3,239	1,474,463				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,239	0	108,311			5.03
5.04	00570	ADMINING	2,503	0	0	106,349		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	16,488	0	0	0	483,680	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	26,499	0	21	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	15,016	0	0	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,914	0	3	0	0	9.00
10.00	01000	DIETARY	6,477	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,975	0	235	0	0	13.00
15.00	01500	PHARMACY	4,858	0	81	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,655	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,650	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	8,391	0	11	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	1,767	0	6	0	0	23.00
23.01	02301	PASTORAL CARE	736	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,936	213,160	4,668	19,884	69,997	30.00
31.00	03100	INTENSIVE CARE UNIT	5,594	79,172	4,185	8,171	25,967	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	5,300	18,383	495	1,897	6,029	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	10,894	11,044	57	1,140	3,622	40.00
41.00	04100	SUBPROVIDER - I/RF	3,386	10,689	173	1,103	3,506	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,858	16,014	438	1,653	5,252	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,843	135,780	61,765	8,414	44,533	50.00
51.00	05100	RECOVERY ROOM	1,178	15,991	150	694	5,245	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,680	14,396	1,075	1,348	4,722	52.00
53.00	05300	ANESTHESIOLOGY	0	30,357	946	1,961	9,956	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,113	190,033	14,308	8,791	62,327	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	13,396	112,315	4,496	8,113	36,837	60.00
60.01	06001	BLOOD LABORATORY	1,178	15,914	586	1,331	5,220	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	3,828	64,727	4,327	6,427	21,229	65.00
66.00	06600	PHYSICAL THERAPY	3,091	23,124	7,477	1,377	7,584	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,066	13,074	57	745	4,288	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,447	26,846	122	1,626	8,805	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	736	1,486	11	131	487	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	63,369	0	4,733	20,784	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	84,388	0	6,829	27,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	207,106	0	15,261	67,927	73.00
74.00	07400	RENAL DIALYSIS	0	3,955	419	363	1,297	74.00
76.00	03020	DEV EVALUATION	3,533	1,904	47	106	624	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,420	6	31	466	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	7,213	4,844	90	5	1,589	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	14,721	112,665	2,001	3,982	36,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	294	646	0	67	212	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
106.00	10600 HEART ACQUISITION	589	1,661	12	166	545	106.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	294,281	1,474,463	108,268	106,349	483,680	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	3,386	0	43	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	297,667	1,474,463	108,311	106,349	483,680	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 1:28 pm	
Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	23,809,862					5.06
6.00	00600	MAINTENANCE & REPAIRS	881,576	5,904,047				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	97,289	6,546	134,305			8.00
9.00	00900	HOUSEKEEPING	405,581	75,721	0	578,716		9.00
10.00	01000	DIETARY	314,503	366,404	0	27,079	1,291,023	10.00
11.00	01100	CAFETERIA	0	0	0	0	614,037	11.00
13.00	01300	NURSING ADMINISTRATION	70,983	19,597	0	6,496	0	13.00
15.00	01500	PHARMACY	475,407	89,949	0	6,452	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,737	29,824	0	4,694	0	16.00
17.00	01700	SOCIAL SERVICE	89,519	6,253	0	829	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	540,526	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	683,218	84,130	0	5,976	0	22.00
23.00	02300	ER PARAMEDIC TRNG	27,538	3,022	309	4,285	0	23.00
23.01	02301	PASTORAL CARE	8,038	5,971	0	370	0	23.01
23.02	02302	PHARMACY RESIDENCY	9,273	394	0	17	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,064,745	1,667,417	68,495	99,347	506,526	30.00
31.00	03100	INTENSIVE CARE UNIT	1,386,271	524,532	15,429	40,579	99,747	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	346,744	61,454	1,176	1,388	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	167,005	87,073	1,972	7,812	32,210	40.00
41.00	04100	SUBPROVIDER - IRF	244,978	116,266	2,641	6,164	38,503	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	238,742	118,461	1,534	4,456	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,988,446	853,154	3,872	21,937	0	50.00
51.00	05100	RECOVERY ROOM	234,187	136,629	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	275,086	346,368	3,019	1,432	0	52.00
53.00	05300	ANESTHESIOLOGY	78,684	9,095	0	287	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,470,521	543,268	17,618	82,464	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	926,599	149,180	937	20,212	0	60.00
60.01	06001	BLOOD LABORATORY	122,205	0	0	1,222	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	617,726	28,197	0	6,535	0	65.00
66.00	06600	PHYSICAL THERAPY	259,733	57,379	3,182	10,073	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	199,426	44,277	0	14,396	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	184,248	52,235	1,304	6,087	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,160	9,050	1,027	1,421	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,451,981	0	0	35,571	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,024,027	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,553,924	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	82,045	18,882	0	813	0	74.00
76.00	03020	DEV EVALUATION	66,365	29,469	0	3,428	0	76.00
76.97	07697	CARDIAC REHABILITATION	34,734	21,393	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	87,850	101,082	986	10,991	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	842,440	210,808	8,981	70,544	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	40,144	10,508	0	0	0	105.00
106.00	10600	HEART ACQUISITION	85,023	5,932	0	0	0	106.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 1:28 pm	
Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,694,227	5,889,920	132,482	503,357	1,291,023	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12	11,684	0	2,211	0	190.00
190.01	19001	OTHER NONREIMB	115,623	2,443	1,823	73,148	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	23,809,862	5,904,047	134,305	578,716	1,291,023	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 1:28 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	614,037					11.00
13.00	01300	1,807	927,223				13.00
15.00	01500	19,429	224	1,179,770			15.00
16.00	01600	0	0	0	73,780		16.00
17.00	01700	4,669	4,441	0	56	109,463	17.00
21.00	02100	26,357	0	0	0	0	21.00
22.00	02200	0	276	0	0	0	22.00
23.00	02300	1,205	11	204	0	0	23.00
23.01	02301	452	0	0	0	0	23.01
23.02	02302	452	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	206,937	412,750	286,054	25,497	87,544	30.00
31.00	03100	60,997	145,513	275,116	108	17,044	31.00
31.01	03101	12,651	26,755	14,058	4,708	4,875	31.01
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	8,735	20,516	10,823	3,484	0	40.00
41.00	04100	13,254	27,675	5,634	3,683	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	12,350	28,064	13,998	871	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	62,503	78,590	226,868	8,870	0	50.00
51.00	05100	10,844	21,224	24,477	370	0	51.00
52.00	05200	13,856	31,052	28,391	583	0	52.00
53.00	05300	2,259	3,286	53,033	244	0	53.00
54.00	05400	39,460	20,666	42,610	7,634	0	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	301	0	0	2,691	0	60.00
60.01	06001	0	0	0	179	0	60.01
62.00	06200	0	0	0	0	0	62.00
65.00	06500	30,122	226	467	897	0	65.00
66.00	06600	11,145	852	1,498	647	0	66.00
67.00	06700	9,639	84	0	413	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	8,284	13,000	3,445	4,448	0	69.00
70.00	07000	602	1,201	0	44	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	827	0	73.00
74.00	07400	3,163	6,854	428	24	0	74.00
76.00	03020	3,012	0	0	0	0	76.00
76.97	07697	1,657	2,292	33	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	3,615	7,273	20,460	11	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	37,803	73,116	171,286	7,491	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	904	56	0	0	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
106.00	10600 HEART ACQUISITION	2,109	22	0	0	0	106.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	610,573	926,019	1,178,883	73,780	109,463	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	3,464	1,204	887	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	614,037	927,223	1,179,770	73,780	109,463	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description	INTERNS & RESIDENTS				
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	ER PARAMEDIC TRNG	PASTORAL CARE	PHARMACY RESIDENCY
	21.00	22.00	23.00	23.01	23.02
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMIN TTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
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
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	574,066				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		783,900			22.00
23.00 02300 ER PARAMEDIC TRNG			64,731		23.00
23.01 02301 PASTORAL CARE				18,510	23.01
23.02 02302 PHARMACY RESIDENCY					12,807
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS					30.00
31.00 03100 INTENSIVE CARE UNIT					31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT					31.01
32.00 03200 CORONARY CARE UNIT					32.00
33.00 03300 BURN INTENSIVE CARE UNIT					33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT					34.00
40.00 04000 SUBPROVIDER - I PF					40.00
41.00 04100 SUBPROVIDER - I RF					41.00
42.00 04200 SUBPROVIDER					42.00
43.00 04300 NURSERY					43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM					50.00
51.00 05100 RECOVERY ROOM					51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300 ANESTHESIOLOGY					53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC					54.00
57.00 05700 CT SCAN					57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900 CARDIAC CATHETERIZATION					59.00
60.00 06000 LABORATORY					60.00
60.01 06001 BLOOD LABORATORY					60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
65.00 06500 RESPIRATORY THERAPY					65.00
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 PATIENTS					71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT					72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					73.00
74.00 07400 RENAL DIALYSIS					74.00
76.00 03020 DEV EVALUATION					76.00
76.97 07697 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000 CLINIC					90.00
90.01 09001 FAMILY PRACTICES					90.01
90.02 09002 WOMEN'S HEALTH CENTER					90.02
90.03 09003 AMBULATORY CARE					90.03
90.04 09004 OTHER					90.04
91.00 09100 EMERGENCY					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF					99.10

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 1:28 pm
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Cost Center Description	INTERNS & RESIDENTS							
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	ER PARAMEDIC TRNG	PASTORAL CARE	PHARMACY RESIDENCY			
	21.00	22.00	23.00	23.01	23.02			
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION					105.00	
106.00	10600	HEART ACQUISITION					106.00	
109.00	10900	PANCREAS ACQUISITION					109.00	
110.00	11000	INTESTINAL ACQUISITION					110.00	
111.00	11100	ISLET ACQUISITION					111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00	
190.01	19001	OTHER NONREIMB					190.01	
190.02	19002	OTHER					190.02	
200.00		Cross Foot Adjustments	574,066	783,900	64,731	18,510	12,807	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	574,066	783,900	64,731	18,510	12,807	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 1:28 pm
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
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
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	ER PARAMEDIC TRNG		23.00
23.01	02301	PASTORAL CARE		23.01
23.02	02302	PHARMACY RESIDENCY		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	12,930,927	30.00
31.00	03100	INTENSIVE CARE UNIT	4,799,374	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	848,545	31.01
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	391,541	40.00
41.00	04100	SUBPROVIDER - IRF	614,693	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	965,353	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	13,283,196	50.00
51.00	05100	RECOVERY ROOM	823,133	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,115,140	52.00
53.00	05300	ANESTHESIOLOGY	287,719	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,623,341	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	1,616,598	60.00
60.01	06001	BLOOD LABORATORY	147,835	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,651,249	65.00
66.00	06600	PHYSICAL THERAPY	593,585	66.00
67.00	06700	OCCUPATIONAL THERAPY	400,099	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	794,792	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	122,006	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,576,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,142,922	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,845,045	73.00
74.00	07400	RENAL DIALYSIS	467,102	74.00
76.00	03020	DEV EVALUATION	132,062	76.00
76.97	07697	CARDIAC REHABILITATION	125,698	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	FAMILY PRACTICES	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	90.02
90.03	09003	AMBULATORY CARE	379,681	90.03
90.04	09004	OTHER	0	90.04
91.00	09100	EMERGENCY	2,815,247	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	112,086	0	112,086	105.00
106.00	10600	HEART ACQUISITION	104,478	0	104,478	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	66,709,885	0	66,709,885	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,907	0	13,907	190.00
190.01	19001	OTHER NONREIMB	1,418,638	0	1,418,638	190.01
190.02	19002	OTHER	0	0	0	190.02
200.00		Cross Foot Adjustments	1,454,014	0	1,454,014	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	69,596,444	0	69,596,444	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description	CAPITAL RELATED COSTS					DATA PROCESSING (GROSS CHARGES)	
	NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)			
	1.00	2.00	4.00	5.01	5.02		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	34,117,955						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		23,746,784					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	132,462	813	342,350,489				4.00
5.01 00540 NONPATIENT TELEPHONES	266,469	1,259	695,303	2,022			5.01
5.02 00550 DATA PROCESSING	58,177	1,122,009	4,613	22	3,378,961,582		5.02
5.03 00560 PURCHASING RECEIVING AND STORES	716	72,127	1,855,656	22			5.03
5.04 00570 ADMINISTRATION	1,656	81,367	0	17			5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	413,064	6,627	859,292	112			5.05
5.06 00590 ADMINISTRATIVE AND GENERAL	19,459,670	1,715,718	19,503,164	180			5.06
6.00 00600 MAINTENANCE & REPAIRS	4,318,643	168,898	4,388,609	102			6.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	24,304	0	0			8.00
9.00 00900 HOUSEKEEPING	428	60,962	8,030,662	13			9.00
10.00 01000 DIETARY	81,767	323,690	5,609,984	44			10.00
11.00 01100 CAFETERIA	0	0	0	0			11.00
13.00 01300 NURSING ADMINISTRATION	541,857	177,234	1,060,654	27			13.00
15.00 01500 PHARMACY	14,821	447,598	12,533,002	33			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	7,844	14,487	2,157	52			16.00
17.00 01700 SOCIAL SERVICE	0	0	2,416,691	18			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	16,000,134	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,514	0	57			22.00
23.00 02300 ER PARAMEDIC TRNG	15,478	7,142	574,927	12			23.00
23.01 02301 PASTORAL CARE	1,219	1,202	192,237	5			23.01
23.02 02302 PHARMACY RESIDENCY	66	1,982	261,123	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,841,292	1,635,032	94,048,224	346	486,067,084		30.00
31.00 03100 INTENSIVE CARE UNIT	96,107	1,586,919	29,585,847	38	181,586,987		31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	218,356	60,094	8,324,155	36	42,161,850		31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
40.00 04000 SUBPROVIDER - IPF	1,861	16,991	4,126,505	74	25,329,400		40.00
41.00 04100 SUBPROVIDER - IRF	72,377	43,083	6,202,907	23	24,517,079		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	258,148	183,259	5,455,761	33	36,728,650		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	1,674,675	5,879,592	31,449,403	128	311,422,617		50.00
51.00 05100 RECOVERY ROOM	28,037	270,051	5,483,790	8	36,677,656		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	63,398	252,753	6,668,137	25	33,017,538		52.00
53.00 05300 ANESTHESIOLOGY	0	77,197	829,269	0	69,625,089		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,372,451	7,441,890	20,404,059	157	435,855,154		54.00
57.00 05700 CT SCAN	0	0	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 06000 LABORATORY	305,729	1,649	201,336	91	257,603,974		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	8	36,500,073		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	1,061	600,588	13,982,314	26	148,455,970		65.00
66.00 06600 PHYSICAL THERAPY	18,826	146,037	5,639,991	21	53,035,660		66.00
67.00 06700 OCCUPATIONAL THERAPY	7,009	77,169	4,870,468	48	29,987,045		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	373	380,253	3,770,537	37	61,574,270		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	34,687	43,732	206,431	5	3,407,570		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	145,342,730		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	193,550,176		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	475,014,692		73.00
74.00 07400 RENAL DIALYSIS	248,782	57,369	1,804,613	0	9,070,550		74.00
76.00 03020 DEV EVALUATION	953	17,369	1,712,005	24	4,366,342		76.00
76.97 07697 CARDIAC REHABILITATION	0	50,389	864,460	0	3,256,868		76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0		90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0		90.02
90.03 09003 AMBULATORY CARE	995	104,829	1,997,349	49	11,111,194		90.03
90.04 09004 OTHER	0	0	0	0	0		90.04
91.00 09100 EMERGENCY	456,624	546,465	16,780,873	100	258,405,534		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
	NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)				
	1.00	2.00				
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	50,496	2,312	702,998	2	1,481,030	105.00
106.00 10600 HEART ACQUISITION	0	6,241	1,374,745	4	3,808,800	106.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	33,066,574	23,710,196	340,474,385	1,999	3,378,961,582	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	1,051,381	36,588	1,876,104	23	0	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
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)	37,871,847	29,770,951	76,870,991	2,879,208	23,013,112	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.110027	1.253683	0.224539	1,423.940653	0.006811	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			148,099	297,667	1,474,463	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000433	147.214144	0.000436	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared: 5/24/2017 1:28 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	156,023,202				5.03
5.04	00570	ADMITTING	0	2,374,139,252			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	31	0	3,378,961,582		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	29,748	0	0	-83,002,708	5.06
6.00	00600	MAINTENANCE & REPAIRS	42	0	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,593	0	0	0	9.00
10.00	01000	DIETARY	716	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	338,322	0	0	0	13.00
15.00	01500	PHARMACY	116,163	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	71	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	4	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	15,625	0	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	8,451	0	0	0	23.00
23.01	02301	PASTORAL CARE	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	523	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,726,018	452,663,903	486,067,084	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,030,762	181,586,987	181,586,987	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	712,756	42,161,850	42,161,850	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	82,211	25,329,400	25,329,400	0	40.00
41.00	04100	SUBPROVIDER - IRF	249,574	24,517,079	24,517,079	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	631,697	36,728,650	36,728,650	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,952,921	186,977,996	311,422,617	0	50.00
51.00	05100	RECOVERY ROOM	215,902	15,425,067	36,677,656	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,549,505	29,949,900	33,017,538	0	52.00
53.00	05300	ANESTHESIOLOGY	1,363,263	43,577,478	69,625,089	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,617,266	195,361,618	435,855,154	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	6,479,017	180,278,187	257,603,974	0	60.00
60.01	06001	BLOOD LABORATORY	844,080	29,575,254	36,500,073	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	6,235,537	142,818,748	148,455,970	0	65.00
66.00	06600	PHYSICAL THERAPY	10,773,555	30,593,963	53,035,660	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	81,515	16,556,628	29,987,045	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	176,021	36,134,016	61,574,270	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,555	2,920,320	3,407,570	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	105,187,386	145,342,730	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	151,749,902	193,550,176	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	339,140,470	475,014,692	0	73.00
74.00	07400	RENAL DIALYSIS	603,731	8,076,455	9,070,550	0	74.00
76.00	03020	DEV EVALUATION	67,497	2,365,336	4,366,342	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,580	699,494	3,256,868	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	129,575	119,326	11,111,194	0	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,883,245	88,480,969	258,405,534	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	30,536,480	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	51	1,481,030	1,481,030	0	1,455,130	105.00
106.00	10600	HEART ACQUISITION	16,823	3,681,840	3,808,800	0	3,081,889	106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	155,960,946	2,374,139,252	3,378,961,582	-83,002,708	858,856,277	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	420	190.00
190.01	19001	OTHER NONREIMB	62,256	0	0	0	4,191,053	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	6,139,417	147,940	38,517,899		83,002,708	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.039349	0.000062	0.011399		0.096174	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	108,311	106,349	483,680		23,809,862	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000694	0.000045	0.000143		0.027588	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	1,049,021					6.00
8.00	00800	1,163	4,646,040				8.00
9.00	00900	13,454		104,678			9.00
10.00	01000	65,102		4,898	1,789,208		10.00
11.00	01100	0		0	850,984	4,077	11.00
13.00	01300	3,482		1,175	0	0	13.00
15.00	01500	15,982		1,167	0	129	15.00
16.00	01600	5,299		849	0	0	16.00
17.00	01700	1,111		150	0	31	17.00
21.00	02100	0		0	0	175	21.00
22.00	02200	14,948		1,081	0	0	22.00
23.00	02300	537	10,703	775	0	8	23.00
23.01	02301	1,061	0	67	0	3	23.01
23.02	02302	70	0	3	0	3	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	296,264	2,369,468	17,970	701,986	1,374	30.00
31.00	03100	93,198	533,748	7,340	138,238	405	31.00
31.01	03101	10,919	40,672	251	0	84	31.01
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	15,471	68,202	1,413	44,639	58	40.00
41.00	04100	20,658	91,377	1,115	53,361	88	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	21,048	53,063	806	0	82	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	151,587	133,955	3,968	0	415	50.00
51.00	05100	24,276	0	0	0	72	51.00
52.00	05200	61,542	104,431	259	0	92	52.00
53.00	05300	1,616	0	52	0	15	53.00
54.00	05400	96,527	609,461	14,916	0	262	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	26,506	32,410	3,656	0	2	60.00
60.01	06001	0	0	221	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
65.00	06500	5,010	0	1,182	0	200	65.00
66.00	06600	10,195	110,090	1,822	0	74	66.00
67.00	06700	7,867	0	2,604	0	64	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	9,281	45,096	1,101	0	55	69.00
70.00	07000	1,608	35,527	257	0	4	70.00
71.00	07100	0	0	6,434	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	3,355	0	147	0	21	74.00
76.00	03020	5,236	0	620	0	20	76.00
76.97	07697	3,801	0	0	0	11	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	17,960	34,101	1,988	0	24	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	37,456	310,675	12,760	0	251	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,867	0	0	0	6
106.00	10600	HEART ACQUISITION	1,054	0	0	0	14
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,046,511	4,582,979	91,047	1,789,208	4,054
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,076	0	400	0	0
190.01	19001	OTHER NONREIMB	434	63,061	13,231	0	23
190.02	19002	OTHER	0	0	0	0	0
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)	35,028,311	3,904,477	16,564,477	15,445,305	7,346,103
203.00		Unit cost multiplier (Wkst. B, Part I)	33.391430	0.840388	158.242200	8.632482	1,801.840324
204.00		Cost to be allocated (per Wkst. B, Part II)	5,904,047	134,305	578,716	1,291,023	614,037
205.00		Unit cost multiplier (Wkst. B, Part II)	5.628149	0.028907	5.528535	0.721561	150.610007

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description	NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (IR TIME)	
	(NURSING HOURS)					
	13.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
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	9,423,867					13.00
15.00 01500 PHARMACY	2,277	3,302,131				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	48,616			16.00
17.00 01700 SOCIAL SERVICE	45,133	0	37	66,560		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21,805	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,809	0	0	0	0	22.00
23.00 02300 ER PARAMEDIC TRNG	113	571	0	0	0	23.00
23.01 02301 PASTORAL CARE	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,195,008	800,651	16,801	53,232	11,853	30.00
31.00 03100 INTENSIVE CARE UNIT	1,478,923	770,039	71	10,364	2,322	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	271,925	39,348	3,102	2,964	892	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	208,510	30,294	2,296	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	281,273	15,769	2,427	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	285,228	39,181	574	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	798,753	634,996	5,845	0	2,284	50.00
51.00 05100 RECOVERY ROOM	215,709	68,509	244	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	315,597	79,465	384	0	0	52.00
53.00 05300 ANESTHESIOLOGY	33,395	148,438	161	0	485	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	210,042	119,265	5,030	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	1,773	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	118	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	2,296	1,306	591	0	0	65.00
66.00 06600 PHYSICAL THERAPY	8,662	4,194	426	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	857	0	272	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	132,126	9,643	2,931	0	361	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	12,203	0	29	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	545	0	0	73.00
74.00 07400 RENAL DIALYSIS	69,663	1,198	16	0	0	74.00
76.00 03020 DEV EVALUATION	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	23,296	92	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	73,921	57,266	7	0	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	743,117	479,424	4,936	0	3,608	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description	NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (IR TIME)	
	(NURSING HOURS)					
	13.00	15.00	16.00	17.00	21.00	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	566	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	226	0	0	0	0	106.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,411,628	3,299,649	48,616	66,560	21,805	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	12,239	2,482	0	0	0	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
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)	3,144,263	19,841,219	499,514	3,689,055	21,792,427	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.333649	6.008611	10.274683	55.424504	999.423389	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	927,223	1,179,770	73,780	109,463	574,066	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.098391	0.357275	1.517607	1.644576	26.327264	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (IR TIME)	Reconciliation	ER PARAMEDIC TRNG (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation	
		22.00	23A	23.00	23.01	23A.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	21,805				22.00
23.00	02300	ER PARAMEDIC TRNG		-1,261,620	944,788,838		23.00
23.01	02301	PASTORAL CARE		0		246,418	23.01
23.02	02302	PHARMACY RESIDENCY		0		-377,179	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,853	0	221,067,617	168,589	0
31.00	03100	INTENSIVE CARE UNIT	2,322	0	72,705,298	31,380	0
31.01	03101	NEONATAL INTENSIVE CARE UNIT	892	0	16,920,061	8,975	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	8,198,270	10,133	0
41.00	04100	SUBPROVIDER - I RF	0	0	11,509,668	12,113	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	10,845,326	15,228	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,284	0	94,896,848	0	0
51.00	05100	RECOVERY ROOM	0	0	10,731,586	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	13,866,397	0	0
53.00	05300	ANESTHESIOLOGY	485	0	5,223,791	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	65,835,427	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	38,329,874	0	0
60.01	06001	BLOOD LABORATORY	0	0	4,891,851	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	25,273,935	0	0
66.00	06600	PHYSICAL THERAPY	0	0	11,207,241	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	8,717,106	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	361	0	8,895,487	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	618,949	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	98,444,474	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	80,422,143	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	61,748,807	0	0
74.00	07400	RENAL DIALYSIS	0	0	3,463,700	0	0
76.00	03020	DEV EVALUATION	0	0	2,945,895	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	1,535,195	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	FAMILY PRACTICES	0	0	0	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0
90.03	09003	AMBULATORY CARE	0	0	4,845,648	0	0
90.04	09004	OTHER	0	0	0	0	0
91.00	09100	EMERGENCY	3,608	0	48,844,711	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description	INTERNS & RESIDENTS	Reconciliation	ER PARAMEDIC TRNG (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation	
	SERVICES-OTHER PRGM COSTS (IR TIME)					
	22.00					
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	1,668,418	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	3,438,783	0	0	106.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	21,805	-1,261,620	937,840,007	246,418	-377,179	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	133,078	0	0	190.00
190.01 19001 OTHER NONREIMB	0	0	6,815,753	0	0	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
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)	27,817,928		1,261,620	371,320		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1,275.759138		0.001335	1.506870		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	783,900		64,731	18,510		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	35.950470		0.000069	0.075116		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description		PHARMACY RESIDENCY (ACCUM. COST)	
		23.02	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMINISTRATIVE	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
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
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	ER PARAMEDIC TRNG	23.00
23.01	02301	PASTORAL CARE	23.01
23.02	02302	PHARMACY RESIDENCY	23.02
		945,673,279	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	31.01
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - I RF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
		221,617,109	
		72,849,646	
		16,956,173	
		0	
		0	
		0	
		8,224,484	
		11,543,286	
		0	
		10,882,752	
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
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 PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03020	DEV EVALUATION	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
		95,023,535	
		10,745,913	
		13,884,909	
		5,230,765	
		65,923,317	
		0	
		0	
		0	
		38,381,044	
		4,898,382	
		0	
		25,307,676	
		11,222,203	
		8,728,743	
		0	
		8,907,362	
		619,775	
		98,575,897	
		80,529,507	
		61,831,242	
		3,468,324	
		2,949,828	
		1,537,244	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	FAMILY PRACTICES	90.01
90.02	09002	WOMEN'S HEALTH CENTER	90.02
90.03	09003	AMBULATORY CARE	90.03
90.04	09004	OTHER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
		0	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description		PHARMACY RESIDENCY (ACCUM. COST)	
		23.02	
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	1,670,645	105.00
106.00	10600 HEART ACQUISITION	3,443,374	106.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	938,715,171	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	133,256	190.00
190.01	19001 OTHER NONREIMB	6,824,852	190.01
190.02	19002 OTHER	0	190.02
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)	377,179	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000399	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	12,807	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000014	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	194,737,651		194,737,651	0	194,737,651	30.00
31.00	03100	INTENSIVE CARE UNIT	67,595,739		67,595,739	0	67,595,739	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	14,933,476		14,933,476	0	14,933,476	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	8,227,766		8,227,766	0	8,227,766	40.00
41.00	04100	SUBPROVIDER - I RF	11,547,892		11,547,892	0	11,547,892	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	10,887,094		10,887,094	0	10,887,094	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	89,864,932		89,864,932	0	89,864,932	50.00
51.00	05100	RECOVERY ROOM	10,750,201		10,750,201	0	10,750,201	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,890,449		13,890,449	0	13,890,449	52.00
53.00	05300	ANESTHESIOLOGY	4,129,389		4,129,389	0	4,129,389	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,949,620		65,949,620	0	65,949,620	54.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	38,396,358		38,396,358	0	38,396,358	60.00
60.01	06001	BLOOD LABORATORY	4,900,336		4,900,336	0	4,900,336	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	25,317,774	0	25,317,774	0	25,317,774	65.00
66.00	06600	PHYSICAL THERAPY	11,226,681	0	11,226,681	0	11,226,681	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,732,226	0	8,732,226	0	8,732,226	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,089,575		8,089,575	0	8,089,575	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	620,022		620,022	0	620,022	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	98,615,229		98,615,229	0	98,615,229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	80,561,638		80,561,638	0	80,561,638	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,855,913		61,855,913	0	61,855,913	73.00
74.00	07400	RENAL DIALYSIS	3,469,708		3,469,708	0	3,469,708	74.00
76.00	03020	DEV EVALUATION	2,951,005		2,951,005	0	2,951,005	76.00
76.97	07697	CARDIAC REHABILITATION	1,537,857		1,537,857	0	1,537,857	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0		0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0		0	0	0	90.02
90.03	09003	AMBULATORY CARE	4,854,053		4,854,053	0	4,854,053	90.03
90.04	09004	OTHER	0		0	0	0	90.04
91.00	09100	EMERGENCY	40,720,575		40,720,575	0	40,720,575	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,214,550		10,214,550	0	10,214,550	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,671,312		1,671,312	0	1,671,312	105.00
106.00	10600	HEART ACQUISITION	3,444,748		3,444,748	0	3,444,748	106.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
200.00		Subtotal (see instructions)	899,693,769	0	899,693,769	0	899,693,769	200.00
201.00		Less Observation Beds	10,214,550		10,214,550	0	10,214,550	201.00
202.00		Total (see instructions)	889,479,219	0	889,479,219	0	889,479,219	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 1:28 pm
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		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	446,778,024		446,778,024		30.00
31.00	03100	INTENSIVE CARE UNIT	181,586,987		181,586,987		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	42,161,850		42,161,850		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	25,329,400		25,329,400		40.00
41.00	04100	SUBPROVIDER - I/RF	24,517,079		24,517,079		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	36,728,650		36,728,650		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	186,977,996	124,444,621	311,422,617	0.288563	50.00
51.00	05100	RECOVERY ROOM	15,425,067	21,252,589	36,677,656	0.293099	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,949,900	3,067,638	33,017,538	0.420699	52.00
53.00	05300	ANESTHESIOLOGY	43,577,478	26,047,611	69,625,089	0.059309	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	195,361,618	240,493,536	435,855,154	0.151311	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	180,278,187	77,325,787	257,603,974	0.149052	60.00
60.01	06001	BLOOD LABORATORY	29,575,254	6,924,819	36,500,073	0.134256	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	142,818,748	5,637,222	148,455,970	0.170541	65.00
66.00	06600	PHYSICAL THERAPY	30,593,963	22,441,697	53,035,660	0.211682	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,556,628	13,430,417	29,987,045	0.291200	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	36,134,016	25,440,254	61,574,270	0.131379	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,920,320	487,250	3,407,570	0.181954	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	105,187,386	40,155,344	145,342,730	0.678501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	151,749,902	41,800,274	193,550,176	0.416231	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	339,140,470	135,874,222	475,014,692	0.130219	73.00
74.00	07400	RENAL DIALYSIS	8,076,455	994,095	9,070,550	0.382525	74.00
76.00	03020	DEV EVALUATION	2,365,336	2,001,006	4,366,342	0.675853	76.00
76.97	07697	CARDIAC REHABILITATION	699,494	2,557,374	3,256,868	0.472189	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	119,326	10,991,868	11,111,194	0.436862	90.03
90.04	09004	OTHER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	88,480,969	169,924,565	258,405,534	0.157584	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,885,879	33,403,181	39,289,060	0.259985	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,481,030	0	1,481,030		105.00
106.00	10600	HEART ACQUISITION	3,681,840	126,960	3,808,800		106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	2,374,139,252	1,004,822,330	3,378,961,582		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,374,139,252	1,004,822,330	3,378,961,582		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 1:28 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.288563		50.00
51.00	05100	RECOVERY ROOM	0.293099		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.420699		52.00
53.00	05300	ANESTHESIOLOGY	0.059309		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151311		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.149052		60.00
60.01	06001	BLOOD LABORATORY	0.134256		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.170541		65.00
66.00	06600	PHYSICAL THERAPY	0.211682		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291200		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.131379		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181954		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.678501		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.416231		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130219		73.00
74.00	07400	RENAL DIALYSIS	0.382525		74.00
76.00	03020	DEV EVALUATION	0.675853		76.00
76.97	07697	CARDIAC REHABILITATION	0.472189		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	FAMILY PRACTICES	0.000000		90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000		90.02
90.03	09003	AMBULATORY CARE	0.436862		90.03
90.04	09004	OTHER	0.000000		90.04
91.00	09100	EMERGENCY	0.157584		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.259985		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 1:28 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	194,737,651	194,737,651	0	194,737,651	30.00
31.00	03100 INTENSIVE CARE UNIT	67,595,739	67,595,739	0	67,595,739	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	14,933,476	14,933,476	0	14,933,476	31.01
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	8,227,766	8,227,766	0	8,227,766	40.00
41.00	04100 SUBPROVIDER - I RF	11,547,892	11,547,892	0	11,547,892	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	10,887,094	10,887,094	0	10,887,094	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	89,864,932	89,864,932	0	89,864,932	50.00
51.00	05100 RECOVERY ROOM	10,750,201	10,750,201	0	10,750,201	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	13,890,449	13,890,449	0	13,890,449	52.00
53.00	05300 ANESTHESIOLOGY	4,129,389	4,129,389	0	4,129,389	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	65,949,620	65,949,620	0	65,949,620	54.00
57.00	05700 CT SCAN	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000 LABORATORY	38,396,358	38,396,358	0	38,396,358	60.00
60.01	06001 BLOOD LABORATORY	4,900,336	4,900,336	0	4,900,336	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	25,317,774	25,317,774	0	25,317,774	65.00
66.00	06600 PHYSICAL THERAPY	11,226,681	11,226,681	0	11,226,681	66.00
67.00	06700 OCCUPATIONAL THERAPY	8,732,226	8,732,226	0	8,732,226	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	8,089,575	8,089,575	0	8,089,575	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	620,022	620,022	0	620,022	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	98,615,229	98,615,229	0	98,615,229	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	80,561,638	80,561,638	0	80,561,638	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	61,855,913	61,855,913	0	61,855,913	73.00
74.00	07400 RENAL DIALYSIS	3,469,708	3,469,708	0	3,469,708	74.00
76.00	03020 DEV EVALUATION	2,951,005	2,951,005	0	2,951,005	76.00
76.97	07697 CARDIAC REHABILITATION	1,537,857	1,537,857	0	1,537,857	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	4,854,053	4,854,053	0	4,854,053	90.03
90.04	09004 OTHER	0	0	0	0	90.04
91.00	09100 EMERGENCY	40,720,575	40,720,575	0	40,720,575	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,214,550	10,214,550	0	10,214,550	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	1,671,312	1,671,312	0	1,671,312	105.00
106.00	10600 HEART ACQUISITION	3,444,748	3,444,748	0	3,444,748	106.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
200.00	Subtotal (see instructions)	899,693,769	899,693,769	0	899,693,769	200.00
201.00	Less Observation Beds	10,214,550	10,214,550	0	10,214,550	201.00
202.00	Total (see instructions)	889,479,219	889,479,219	0	889,479,219	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 1:28 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	446,778,024		446,778,024		30.00
31.00	03100	INTENSIVE CARE UNIT	181,586,987		181,586,987		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	42,161,850		42,161,850		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	25,329,400		25,329,400		40.00
41.00	04100	SUBPROVIDER - I/RP	24,517,079		24,517,079		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	36,728,650		36,728,650		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	186,977,996	124,444,621	311,422,617	0.288563	50.00
51.00	05100	RECOVERY ROOM	15,425,067	21,252,589	36,677,656	0.293099	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,949,900	3,067,638	33,017,538	0.420699	52.00
53.00	05300	ANESTHESIOLOGY	43,577,478	26,047,611	69,625,089	0.059309	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	195,361,618	240,493,536	435,855,154	0.151311	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	180,278,187	77,325,787	257,603,974	0.149052	60.00
60.01	06001	BLOOD LABORATORY	29,575,254	6,924,819	36,500,073	0.134256	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	142,818,748	5,637,222	148,455,970	0.170541	65.00
66.00	06600	PHYSICAL THERAPY	30,593,963	22,441,697	53,035,660	0.211682	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,556,628	13,430,417	29,987,045	0.291200	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	36,134,016	25,440,254	61,574,270	0.131379	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,920,320	487,250	3,407,570	0.181954	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	105,187,386	40,155,344	145,342,730	0.678501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	151,749,902	41,800,274	193,550,176	0.416231	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	339,140,470	135,874,222	475,014,692	0.130219	73.00
74.00	07400	RENAL DIALYSIS	8,076,455	994,095	9,070,550	0.382525	74.00
76.00	03020	DEV EVALUATION	2,365,336	2,001,006	4,366,342	0.675853	76.00
76.97	07697	CARDIAC REHABILITATION	699,494	2,557,374	3,256,868	0.472189	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	119,326	10,991,868	11,111,194	0.436862	90.03
90.04	09004	OTHER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	88,480,969	169,924,565	258,405,534	0.157584	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,885,879	33,403,181	39,289,060	0.259985	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,481,030	0	1,481,030		105.00
106.00	10600	HEART ACQUISITION	3,681,840	126,960	3,808,800		106.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	2,374,139,252	1,004,822,330	3,378,961,582		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,374,139,252	1,004,822,330	3,378,961,582		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 1:28 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 DEV EVALUATION	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 FAMILY PRACTICES	0.000000		90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000		90.02
90.03	09003 AMBULATORY CARE	0.000000		90.03
90.04	09004 OTHER	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/24/2017 1:28 pm
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Cost Center Description	Title XVIII			Hospital	PPS
	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	12,930,927	0	12,930,927	167,922	30.00
31.00	INTENSIVE CARE UNIT	4,799,374		4,799,374	31,380	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	848,545		848,545	8,975	31.01
32.00	CORONARY CARE UNIT	0		0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	34.00
40.00	SUBPROVIDER - IPF	391,541	0	391,541	10,133	40.00
41.00	SUBPROVIDER - IRF	614,693	0	614,693	12,113	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	965,353		965,353	15,228	43.00
200.00	Total (lines 30-199)	20,550,433		20,550,433	245,751	200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
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	6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	50,068	3,855,737
31.00	INTENSIVE CARE UNIT	9,773	1,494,683
31.01	NEONATAL INTENSIVE CARE UNIT	0	0
32.00	CORONARY CARE UNIT	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	SUBPROVIDER - IPF	3,823	147,721
41.00	SUBPROVIDER - IRF	6,079	308,509
42.00	SUBPROVIDER	0	0
43.00	NURSERY	0	0
200.00	Total (lines 30-199)	69,743	5,806,650

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 1:28 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,283,196	311,422,617	0.042653	53,583,280	2,285,488	50.00
51.00	05100	RECOVERY ROOM	823,133	36,677,656	0.022442	5,121,242	114,931	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,115,140	33,017,538	0.033774	59,806	2,020	52.00
53.00	05300	ANESTHESIOLOGY	287,719	69,625,089	0.004132	11,280,717	46,612	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,623,341	435,855,154	0.033551	59,583,637	1,999,091	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,616,598	257,603,974	0.006276	55,455,421	348,038	60.00
60.01	06001	BLOOD LABORATORY	147,835	36,500,073	0.004050	7,987,990	32,351	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,651,249	148,455,970	0.011123	33,806,049	376,025	65.00
66.00	06600	PHYSICAL THERAPY	593,585	53,035,660	0.011192	12,054,704	134,916	66.00
67.00	06700	OCCUPATIONAL THERAPY	400,099	29,987,045	0.013342	41,162	549	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	794,792	61,574,270	0.012908	12,418,333	160,296	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	122,006	3,407,570	0.035804	807,114	28,898	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,576,438	145,342,730	0.017727	28,103,911	498,198	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,142,922	193,550,176	0.011072	50,493,444	559,063	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,845,045	475,014,692	0.003884	95,286,192	370,092	73.00
74.00	07400	RENAL DIALYSIS	467,102	9,070,550	0.051497	3,797,991	195,585	74.00
76.00	03020	DEV EVALUATION	132,062	4,366,342	0.030245	4,481	136	76.00
76.97	07697	CARDIAC REHABILITATION	125,698	3,256,868	0.038595	257,604	9,942	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	379,681	11,111,194	0.034171	86,487	2,955	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	2,815,247	258,405,534	0.010895	25,437,909	277,146	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	678,267	39,289,060	0.017264	3,109,220	53,678	92.00
200.00		Total (Lines 50-199)	46,621,155	2,616,569,762		458,776,694	7,496,010	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/24/2017 1:28 pm
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Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	637,772	0	0	637,772	30.00
31.00	03100	INTENSIVE CARE UNIT	0	173,415	0	0	173,415	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	42,878	0	0	42,878	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	29,496	0	0	29,496	40.00
41.00	04100	SUBPROVIDER - IRF	0	38,224	0	0	38,224	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	41,768	0	0	41,768	43.00
200.00		Total (lines 30-199)	0	963,553	0	0	963,553	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	167,922	3.80	50,068	190,258		30.00
31.00	03100	INTENSIVE CARE UNIT	31,380	5.53	9,773	54,045		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	8,975	4.78	0	0		31.01
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	10,133	2.91	3,823	11,125		40.00
41.00	04100	SUBPROVIDER - IRF	12,113	3.16	6,079	19,210		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	15,228	2.74	0	0		43.00
200.00		Total (lines 30-199)	245,751		69,743	274,638		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:28 pm
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Cost Center Description		Title XVIII				Hospital		
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	164,601	0	164,601	50.00
51.00	05100	RECOVERY ROOM	0	0	18,615	0	18,615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	24,052	0	24,052	52.00
53.00	05300	ANESTHESIOLOGY	0	0	9,061	0	9,061	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	114,193	0	114,193	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	66,484	0	66,484	60.00
60.01	06001	BLOOD LABORATORY	0	0	8,485	0	8,485	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	43,839	0	43,839	65.00
66.00	06600	PHYSICAL THERAPY	0	0	19,440	0	19,440	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	15,120	0	15,120	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	15,429	0	15,429	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,073	0	1,073	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	170,755	0	170,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	139,495	0	139,495	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	107,106	0	107,106	73.00
74.00	07400	RENAL DIALYSIS	0	0	6,008	0	6,008	74.00
76.00	03020	DEV EVALUATION	0	0	5,110	0	5,110	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	2,662	0	2,662	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	8,405	0	8,405	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	84,723	0	84,723	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	33,453	0	33,453	92.00
200.00		Total (lines 50-199)	0	0	1,058,109	0	1,058,109	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:28 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		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	164,601	311,422,617	0.000529	0.000529	53,583,280	50.00
51.00	05100	RECOVERY ROOM	18,615	36,677,656	0.000508	0.000508	5,121,242	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,052	33,017,538	0.000728	0.000728	59,806	52.00
53.00	05300	ANESTHESIOLOGY	9,061	69,625,089	0.000130	0.000130	11,280,717	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	114,193	435,855,154	0.000262	0.000262	59,583,637	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	66,484	257,603,974	0.000258	0.000258	55,455,421	60.00
60.01	06001	BLOOD LABORATORY	8,485	36,500,073	0.000232	0.000232	7,987,990	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	43,839	148,455,970	0.000295	0.000295	33,806,049	65.00
66.00	06600	PHYSICAL THERAPY	19,440	53,035,660	0.000367	0.000367	12,054,704	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,120	29,987,045	0.000504	0.000504	41,162	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,429	61,574,270	0.000251	0.000251	12,418,333	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,073	3,407,570	0.000315	0.000315	807,114	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	170,755	145,342,730	0.001175	0.001175	28,103,911	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	139,495	193,550,176	0.000721	0.000721	50,493,444	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,106	475,014,692	0.000225	0.000225	95,286,192	73.00
74.00	07400	RENAL DIALYSIS	6,008	9,070,550	0.000662	0.000662	3,797,991	74.00
76.00	03020	DEV EVALUATION	5,110	4,366,342	0.001170	0.001170	4,481	76.00
76.97	07697	CARDIAC REHABILITATION	2,662	3,256,868	0.000817	0.000817	257,604	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	8,405	11,111,194	0.000756	0.000756	86,487	90.03
90.04	09004	OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	84,723	258,405,534	0.000328	0.000328	25,437,909	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	33,453	39,289,060	0.000851	0.000851	3,109,220	92.00
200.00		Total (Lines 50-199)	1,058,109	2,616,569,762			458,776,694	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:28 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	28,346	23,318,803	12,336	50.00
51.00	05100 RECOVERY ROOM	2,602	4,972,839	2,526	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	44	18,816	14	52.00
53.00	05300 ANESTHESIOLOGY	1,466	4,253,066	553	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,611	55,625,443	14,574	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	14,307	14,145,716	3,650	60.00
60.01	06001 BLOOD LABORATORY	1,853	1,022,367	237	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	9,973	1,000,881	295	65.00
66.00	06600 PHYSICAL THERAPY	4,424	4,890,563	1,795	66.00
67.00	06700 OCCUPATIONAL THERAPY	21	419,853	212	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,117	5,572,357	1,399	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	254	30,443	10	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	33,022	11,157,390	13,110	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	36,406	13,111,795	9,454	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,439	25,973,172	5,844	73.00
74.00	07400 RENAL DIALYSIS	2,514	506,615	335	74.00
76.00	03020 DEV EVALUATION	5	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	210	1,032,193	843	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	09003 AMBULATORY CARE	65	4,330,749	3,274	90.03
90.04	09004 OTHER	0	0	0	90.04
91.00	09100 EMERGENCY	8,344	17,158,736	5,628	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,646	8,012,457	6,819	92.00
200.00	Total (Lines 50-199)	186,669	196,554,254	82,908	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 1:28 pm
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		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	0.288563	23,318,803	0	0	6,728,944	50.00
51.00	05100	RECOVERY ROOM	0.293099	4,972,839	0	0	1,457,534	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.420699	18,816	0	0	7,916	52.00
53.00	05300	ANESTHESIOLOGY	0.059309	4,253,066	0	0	252,245	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151311	55,625,443	0	0	8,416,741	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.149052	14,145,716	0	0	2,108,447	60.00
60.01	06001	BLOOD LABORATORY	0.134256	1,022,367	0	0	137,259	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.170541	1,000,881	0	0	170,691	65.00
66.00	06600	PHYSICAL THERAPY	0.211682	4,890,563	0	0	1,035,244	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291200	419,853	0	0	122,261	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.131379	5,572,357	0	0	732,091	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181954	30,443	0	0	5,539	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.678501	11,157,390	0	0	7,570,300	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.416231	13,111,795	0	0	5,457,536	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130219	25,973,172	0	0	3,382,200	73.00
74.00	07400	RENAL DIALYSIS	0.382525	506,615	0	0	193,793	74.00
76.00	03020	DEV EVALUATION	0.675853	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.472189	1,032,193	0	0	487,390	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.436862	4,330,749	0	0	1,891,940	90.03
90.04	09004	OTHER	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.157584	17,158,736	0	0	2,703,942	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.259985	8,012,457	0	0	2,083,119	92.00
200.00		Subtotal (see instructions)		196,554,254	0	0	44,945,132	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		196,554,254	0	0	44,945,132	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 1:28 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	DEV EVALUATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 1:28 pm
Title XVIII			Subprovider - IPF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,283,196	311,422,617	0.042653	22,790	972 50.00
51.00	05100	RECOVERY ROOM	823,133	36,677,656	0.022442	4,228	95 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,115,140	33,017,538	0.033774	0	0 52.00
53.00	05300	ANESTHESIOLOGY	287,719	69,625,089	0.004132	4,290	18 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,623,341	435,855,154	0.033551	279,388	9,374 54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	1,616,598	257,603,974	0.006276	582,801	3,658 60.00
60.01	06001	BLOOD LABORATORY	147,835	36,500,073	0.004050	700	3 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	1,651,249	148,455,970	0.011123	141,795	1,577 65.00
66.00	06600	PHYSICAL THERAPY	593,585	53,035,660	0.011192	65,135	729 66.00
67.00	06700	OCCUPATIONAL THERAPY	400,099	29,987,045	0.013342	82,245	1,097 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	794,792	61,574,270	0.012908	146,572	1,892 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	122,006	3,407,570	0.035804	4,420	158 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,576,438	145,342,730	0.017727	104,407	1,851 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,142,922	193,550,176	0.011072	4,330	48 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,845,045	475,014,692	0.003884	1,462,310	5,680 73.00
74.00	07400	RENAL DIALYSIS	467,102	9,070,550	0.051497	33,660	1,733 74.00
76.00	03020	DEV EVALUATION	132,062	4,366,342	0.030245	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	125,698	3,256,868	0.038595	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0 90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0 90.02
90.03	09003	AMBULATORY CARE	379,681	11,111,194	0.034171	0	0 90.03
90.04	09004	OTHER	0	0	0.000000	0	0 90.04
91.00	09100	EMERGENCY	2,815,247	258,405,534	0.010895	616,138	6,713 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	39,289,060	0.000000	4,130	0 92.00
200.00		Total (lines 50-199)	45,942,888	2,616,569,762		3,559,339	35,598 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:28 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	164,601	0	164,601	50.00
51.00	05100 RECOVERY ROOM	0	0	18,615	0	18,615	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	24,052	0	24,052	52.00
53.00	05300 ANESTHESIOLOGY	0	0	9,061	0	9,061	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	114,193	0	114,193	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	66,484	0	66,484	60.00
60.01	06001 BLOOD LABORATORY	0	0	8,485	0	8,485	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	43,839	0	43,839	65.00
66.00	06600 PHYSICAL THERAPY	0	0	19,440	0	19,440	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	15,120	0	15,120	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	15,429	0	15,429	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1,073	0	1,073	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	170,755	0	170,755	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	139,495	0	139,495	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	107,106	0	107,106	73.00
74.00	07400 RENAL DIALYSIS	0	0	6,008	0	6,008	74.00
76.00	03020 DEV EVALUATION	0	0	5,110	0	5,110	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	2,662	0	2,662	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	8,405	0	8,405	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	84,723	0	84,723	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	1,024,656	0	1,024,656	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:28 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	164,601	311,422,617	0.000529	0.000529	22,790	50.00
51.00	05100 RECOVERY ROOM	18,615	36,677,656	0.000508	0.000508	4,228	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	24,052	33,017,538	0.000728	0.000728	0	52.00
53.00	05300 ANESTHESIOLOGY	9,061	69,625,089	0.000130	0.000130	4,290	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	114,193	435,855,154	0.000262	0.000262	279,388	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	66,484	257,603,974	0.000258	0.000258	582,801	60.00
60.01	06001 BLOOD LABORATORY	8,485	36,500,073	0.000232	0.000232	700	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	43,839	148,455,970	0.000295	0.000295	141,795	65.00
66.00	06600 PHYSICAL THERAPY	19,440	53,035,660	0.000367	0.000367	65,135	66.00
67.00	06700 OCCUPATIONAL THERAPY	15,120	29,987,045	0.000504	0.000504	82,245	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	15,429	61,574,270	0.000251	0.000251	146,572	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,073	3,407,570	0.000315	0.000315	4,420	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	170,755	145,342,730	0.001175	0.001175	104,407	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	139,495	193,550,176	0.000721	0.000721	4,330	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	107,106	475,014,692	0.000225	0.000225	1,462,310	73.00
74.00	07400 RENAL DIALYSIS	6,008	9,070,550	0.000662	0.000662	33,660	74.00
76.00	03020 DEV EVALUATION	5,110	4,366,342	0.001170	0.001170	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,662	3,256,868	0.000817	0.000817	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	8,405	11,111,194	0.000756	0.000756	0	90.03
90.04	09004 OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	84,723	258,405,534	0.000328	0.000328	616,138	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	39,289,060	0.000000	0.000000	4,130	92.00
200.00	Total (Lines 50-199)	1,024,656	2,616,569,762			3,559,339	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:28 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	12	0	0	50.00
51.00	05100 RECOVERY ROOM	2	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	73	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	150	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	42	0	0	65.00
66.00	06600 PHYSICAL THERAPY	24	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	41	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	37	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	123	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	3	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	329	0	0	73.00
74.00	07400 RENAL DIALYSIS	22	0	0	74.00
76.00	03020 DEV EVALUATION	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	0	90.03
90.04	09004 OTHER	0	0	0	90.04
91.00	09100 EMERGENCY	202	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	1,062	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 1:28 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,283,196	311,422,617	0.042653	66,135	2,821	50.00
51.00	05100	RECOVERY ROOM	823,133	36,677,656	0.022442	18,683	419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,115,140	33,017,538	0.033774	0	0	52.00
53.00	05300	ANESTHESIOLOGY	287,719	69,625,089	0.004132	11,235	46	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,623,341	435,855,154	0.033551	761,823	25,560	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,616,598	257,603,974	0.006276	1,164,475	7,308	60.00
60.01	06001	BLOOD LABORATORY	147,835	36,500,073	0.004050	53,480	217	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,651,249	148,455,970	0.011123	420,531	4,678	65.00
66.00	06600	PHYSICAL THERAPY	593,585	53,035,660	0.011192	5,950	67	66.00
67.00	06700	OCCUPATIONAL THERAPY	400,099	29,987,045	0.013342	8,022,337	107,034	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	794,792	61,574,270	0.012908	91,970	1,187	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	122,006	3,407,570	0.035804	16,655	596	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,576,438	145,342,730	0.017727	457,476	8,110	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,142,922	193,550,176	0.011072	28,245	313	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,845,045	475,014,692	0.003884	3,021,698	11,736	73.00
74.00	07400	RENAL DIALYSIS	467,102	9,070,550	0.051497	164,380	8,465	74.00
76.00	03020	DEV EVALUATION	132,062	4,366,342	0.030245	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	125,698	3,256,868	0.038595	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	379,681	11,111,194	0.034171	0	0	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	2,815,247	258,405,534	0.010895	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	39,289,060	0.000000	855	0	92.00
200.00		Total (Lines 50-199)	45,942,888	2,616,569,762		14,305,928	178,557	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:28 pm
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	164,601	0	164,601	50.00
51.00	05100 RECOVERY ROOM	0	0	18,615	0	18,615	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	24,052	0	24,052	52.00
53.00	05300 ANESTHESIOLOGY	0	0	9,061	0	9,061	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	114,193	0	114,193	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	66,484	0	66,484	60.00
60.01	06001 BLOOD LABORATORY	0	0	8,485	0	8,485	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	43,839	0	43,839	65.00
66.00	06600 PHYSICAL THERAPY	0	0	19,440	0	19,440	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	15,120	0	15,120	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	15,429	0	15,429	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1,073	0	1,073	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	170,755	0	170,755	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	139,495	0	139,495	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	107,106	0	107,106	73.00
74.00	07400 RENAL DIALYSIS	0	0	6,008	0	6,008	74.00
76.00	03020 DEV EVALUATION	0	0	5,110	0	5,110	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	2,662	0	2,662	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	8,405	0	8,405	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	84,723	0	84,723	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	1,024,656	0	1,024,656	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:28 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	164,601	311,422,617	0.000529	0.000529	66,135	50.00
51.00	05100 RECOVERY ROOM	18,615	36,677,656	0.000508	0.000508	18,683	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	24,052	33,017,538	0.000728	0.000728	0	52.00
53.00	05300 ANESTHESIOLOGY	9,061	69,625,089	0.000130	0.000130	11,235	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	114,193	435,855,154	0.000262	0.000262	761,823	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	66,484	257,603,974	0.000258	0.000258	1,164,475	60.00
60.01	06001 BLOOD LABORATORY	8,485	36,500,073	0.000232	0.000232	53,480	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	43,839	148,455,970	0.000295	0.000295	420,531	65.00
66.00	06600 PHYSICAL THERAPY	19,440	53,035,660	0.000367	0.000367	5,950	66.00
67.00	06700 OCCUPATIONAL THERAPY	15,120	29,987,045	0.000504	0.000504	8,022,337	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	15,429	61,574,270	0.000251	0.000251	91,970	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,073	3,407,570	0.000315	0.000315	16,655	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	170,755	145,342,730	0.001175	0.001175	457,476	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	139,495	193,550,176	0.000721	0.000721	28,245	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	107,106	475,014,692	0.000225	0.000225	3,021,698	73.00
74.00	07400 RENAL DIALYSIS	6,008	9,070,550	0.000662	0.000662	164,380	74.00
76.00	03020 DEV EVALUATION	5,110	4,366,342	0.001170	0.001170	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,662	3,256,868	0.000817	0.000817	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	8,405	11,111,194	0.000756	0.000756	0	90.03
90.04	09004 OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	84,723	258,405,534	0.000328	0.000328	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	39,289,060	0.000000	0.000000	855	92.00
200.00	Total (Lines 50-199)	1,024,656	2,616,569,762			14,305,928	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 1:28 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	35	0	0	50.00
51.00	05100 RECOVERY ROOM	9	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	200	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	300	0	0	60.00
60.01	06001 BLOOD LABORATORY	12	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	124	0	0	65.00
66.00	06600 PHYSICAL THERAPY	2	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,043	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	23	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	538	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	20	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	680	0	0	73.00
74.00	07400 RENAL DIALYSIS	109	0	0	74.00
76.00	03020 DEV EVALUATION	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	0	90.03
90.04	09004 OTHER	0	0	0	90.04
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)	6,101	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 1:28 pm
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		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.288563	0	4,021,139	0	0	50.00
51.00	05100 RECOVERY ROOM	0.293099	0	842,148	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.420699	0	171,640	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.059309	0	1,160,434	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.151311	0	8,837,281	0	0	54.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.149052	0	4,242,636	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.134256	0	706,773	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.170541	0	353,048	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.211682	0	1,434,879	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.291200	0	461,129	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.131379	0	1,668,415	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.181954	0	90,435	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.678501	0	906,105	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.416231	0	1,176,718	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.130219	0	5,614,914	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.382525	0	74,705	0	0	74.00
76.00	03020 DEV EVALUATION	0.675853	0	425,151	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.472189	0	15,858	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0.436862	0	183,019	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.157584	0	14,808,745	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.259985	0	3,123,109	0	0	92.00
200.00	Subtotal (see instructions)		0	50,318,281	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	50,318,281	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 1:28 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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	1,160,352	0	50.00
51.00	05100 RECOVERY ROOM	246,833	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	72,209	0	52.00
53.00	05300 ANESTHESIOLOGY	68,824	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,337,178	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	632,373	0	60.00
60.01	06001 BLOOD LABORATORY	94,889	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	60,209	0	65.00
66.00	06600 PHYSICAL THERAPY	303,738	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	134,281	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	219,195	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	16,455	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	614,793	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	489,787	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	731,168	0	73.00
74.00	07400 RENAL DIALYSIS	28,577	0	74.00
76.00	03020 DEV EVALUATION	287,340	0	76.00
76.97	07697 CARDIAC REHABILITATION	7,488	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003 AMBULATORY CARE	79,954	0	90.03
90.04	09004 OTHER	0	0	90.04
91.00	09100 EMERGENCY	2,333,621	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	811,961	0	92.00
200.00	Subtotal (see instructions)	9,731,225	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	9,731,225	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2017 1:28 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)		167,922	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		167,922	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)		159,114	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)		50,068	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)		194,737,651	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)		194,737,651	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)		194,737,651	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)		1,159.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		58,063,359	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)		58,063,359	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	67,595,739	31,380	2,154.10	9,773	21,052,019	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	14,933,476	8,975	1,663.90	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					105,044,437	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					184,159,815	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)					5,594,723	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,682,679	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					13,277,402	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					170,882,413	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)					8,808	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,159.69	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,214,550	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 1:28 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	12,930,927	194,737,651	0.066402	10,214,550	678,267	90.00
91.00	Nursing School cost	0	194,737,651	0.000000	10,214,550	0	91.00
92.00	Allied health cost	637,772	194,737,651	0.003275	10,214,550	33,453	92.00
93.00	All other Medical Education	0	194,737,651	0.000000	10,214,550	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 1:28 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,133	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,133	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)		10,133	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,823	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)		8,227,766	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)		8,227,766	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)		8,227,766	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)		811.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,104,200	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)		3,104,200	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Component CCN: 14-S208				Date/Time Prepared: 5/24/2017 1:28 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					593,391		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,697,591		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)					158,846		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					36,660		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					195,506		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,502,085		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208 Component CCN: 14-S208		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 1:28 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	391,541	8,227,766	0.047588	0	0	90.00
91.00	Nursing School cost	0	8,227,766	0.000000	0	0	91.00
92.00	Allied health cost	29,496	8,227,766	0.003585	0	0	92.00
93.00	All other Medical Education	0	8,227,766	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 1:28 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,113	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,113	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)		12,113	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,079	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,547,892	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		11,547,892	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,547,892	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)		953.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,795,415	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)		5,795,415	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
					Component CCN: 14-T208		Date/Time Prepared: 5/24/2017 1:28 pm
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,524,178	48.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						327,719	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						184,658	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						512,377	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						8,807,216	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208 Component CCN: 14-T208		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 1:28 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	614,693	11,547,892	0.053230	0	0	90.00
91.00	Nursing School cost	0	11,547,892	0.000000	0	0	91.00
92.00	Allied health cost	38,224	11,547,892	0.003310	0	0	92.00
93.00	All other Medical Education	0	11,547,892	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 1:28 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		144,178,800	30.00
31.00	03100	INTENSIVE CARE UNIT		57,249,341	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.288563	53,583,280	50.00
51.00	05100	RECOVERY ROOM	0.293099	5,121,242	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.420699	59,806	52.00
53.00	05300	ANESTHESIOLOGY	0.059309	11,280,717	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151311	59,583,637	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.149052	55,455,421	60.00
60.01	06001	BLOOD LABORATORY	0.134256	7,987,990	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.170541	33,806,049	65.00
66.00	06600	PHYSICAL THERAPY	0.211682	12,054,704	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291200	41,162	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.131379	12,418,333	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181954	807,114	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.678501	28,103,911	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.416231	50,493,444	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130219	95,286,192	73.00
74.00	07400	RENAL DIALYSIS	0.382525	3,797,991	74.00
76.00	03020	DEV EVALUATION	0.675853	4,481	76.00
76.97	07697	CARDIAC REHABILITATION	0.472189	257,604	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.436862	86,487	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.157584	25,437,909	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.259985	3,109,220	92.00
200.00		Total (sum of lines 50-94 and 96-98)		458,776,694	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)		458,776,694	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 1:28 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		8,775,911	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.288563	22,790	50.00
51.00	05100	RECOVERY ROOM	0.293099	4,228	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.420699	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059309	4,290	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151311	279,388	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.149052	582,801	60.00
60.01	06001	BLOOD LABORATORY	0.134256	700	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.170541	141,795	65.00
66.00	06600	PHYSICAL THERAPY	0.211682	65,135	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291200	82,245	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.131379	146,572	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181954	4,420	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.678501	104,407	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.416231	4,330	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130219	1,462,310	73.00
74.00	07400	RENAL DIALYSIS	0.382525	33,660	74.00
76.00	03020	DEV EVALUATION	0.675853	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.472189	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.436862	0	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.157584	616,138	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.259985	4,130	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,559,339	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,559,339	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 1:28 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		12,304,040	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.288563	66,135	50.00
51.00	05100	RECOVERY ROOM	0.293099	18,683	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.420699	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059309	11,235	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151311	761,823	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.149052	1,164,475	60.00
60.01	06001	BLOOD LABORATORY	0.134256	53,480	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.170541	420,531	65.00
66.00	06600	PHYSICAL THERAPY	0.211682	5,950	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291200	8,022,337	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.131379	91,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181954	16,655	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.678501	457,476	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.416231	28,245	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130219	3,021,698	73.00
74.00	07400	RENAL DIALYSIS	0.382525	164,380	74.00
76.00	03020	DEV EVALUATION	0.675853	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.472189	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.436862	0	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.157584	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.259985	855	92.00
200.00		Total (sum of lines 50-94 and 96-98)		14,305,928	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)		14,305,928	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 1:28 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		34,904,773	30.00
31.00	03100	INTENSIVE CARE UNIT		16,716,967	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		22,215,856	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		4,249,390	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.288563	13,384,629	50.00
51.00	05100	RECOVERY ROOM	0.293099	727,030	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.420699	2,647,653	52.00
53.00	05300	ANESTHESIOLOGY	0.059309	3,779,705	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151311	13,715,794	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.149052	11,867,280	60.00
60.01	06001	BLOOD LABORATORY	0.134256	2,994,132	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.170541	22,810,349	65.00
66.00	06600	PHYSICAL THERAPY	0.211682	1,183,163	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291200	23,076	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.131379	2,435,258	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181954	371,559	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.678501	10,600,812	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.416231	7,065,605	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130219	33,110,789	73.00
74.00	07400	RENAL DIALYSIS	0.382525	252,052	74.00
76.00	03020	DEV EVALUATION	0.675853	708,501	76.00
76.97	07697	CARDIAC REHABILITATION	0.472189	25,733	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.436862	2,396	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.157584	6,059,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.259985	717,845	92.00
200.00		Total (sum of lines 50-94 and 96-98)		134,483,216	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)		134,483,216	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Component CCN: 14-S208		Date/Time Prepared: 5/24/2017 1:28 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		1,621,089	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.288563	2,722	50.00
51.00	05100	RECOVERY ROOM	0.293099	366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.420699	12,447	52.00
53.00	05300	ANESTHESIOLOGY	0.059309	914	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151311	77,774	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.149052	153,838	60.00
60.01	06001	BLOOD LABORATORY	0.134256	603	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.170541	15,784	65.00
66.00	06600	PHYSICAL THERAPY	0.211682	6,313	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291200	25,083	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.131379	31,454	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181954	2,124	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.678501	1,453	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.416231	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130219	158,068	73.00
74.00	07400	RENAL DIALYSIS	0.382525	0	74.00
76.00	03020	DEV EVALUATION	0.675853	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.472189	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.436862	0	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.157584	216,924	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.259985	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		705,867	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)		705,867	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Component CCN: 14-T208		Date/Time Prepared: 5/24/2017 1:28 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		570,759	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.288563	0	50.00
51.00	05100	RECOVERY ROOM	0.293099	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.420699	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059309	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151311	34,122	5,163
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.149052	77,161	11,501
60.01	06001	BLOOD LABORATORY	0.134256	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.170541	4,130	704
66.00	06600	PHYSICAL THERAPY	0.211682	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291200	354,076	103,107
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.131379	4,337	570
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181954	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.678501	5,201	3,529
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.416231	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130219	168,621	21,958
74.00	07400	RENAL DIALYSIS	0.382525	0	74.00
76.00	03020	DEV EVALUATION	0.675853	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.472189	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.436862	0	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.157584	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.259985	1,098	285
200.00		Total (sum of lines 50-94 and 96-98)		648,746	146,817
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		648,746	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2017 1:28 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Kidney Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	19,899	1,159.69	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	48,239	2,154.10	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,663.90	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		68,138	0	0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.288563	488,923	141,085	8.00	
9.00	RECOVERY ROOM	51.00	0.293099	8,365	2,452	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.420699	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.059309	95,549	5,667	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.151311	690,411	104,467	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.149052	2,000,958	298,247	18.00	
18.01	BLOOD LABORATORY	60.01	0.134256	49,167	6,601	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.170541	59,890	10,214	23.00	
24.00	PHYSICAL THERAPY	66.00	0.211682	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.291200	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.131379	294,229	38,656	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.181954	777	141	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.678501	76,946	52,208	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.416231	2,250	937	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.130219	342,311	44,575	31.00	
32.00	RENAL DIALYSIS	74.00	0.382525	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DEV EVALUATION	76.00	0.675853	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.472189	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	FAMILY PRACTICES	90.01	0.000000	0	0	37.01	
37.02	WOMEN'S HEALTH CENTER	90.02	0.000000	0	0	37.02	
37.03	AMBULATORY CARE	90.03	0.436862	0	0	37.03	
37.04	OTHER	90.04	0.000000	0	0	37.04	
38.00	EMERGENCY	91.00	0.157584	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.259985	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)			4,109,776	705,250	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2017 1:28 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	0	51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	0	51.02
51.03	AMBULATORY CARE	23.03	0	0.000000	0	0	51.03
51.04	OTHER	23.04	0	0.000000	0	0	51.04
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	705,250		4,177,914			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,671,312		1,481,030			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	2,376,562		5,658,944			61.00
62.00	Total Usable Organs (see instructions)		94				62.00
63.00	Medicare Usable Organs (see instructions)		80				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.851064				64.00
65.00	Medicare Cost/Charges (see instructions)	2,022,606		4,816,124			65.00
66.00	Revenue for Organs Sold	94,957		322,128			66.00
67.00	Subtotal (line 65 minus line 66)	1,927,649		4,493,996			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,927,649	0	4,493,996	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		9	71			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	14			73.00
74.00	Total (sum of lines 70 thru 73)		9	85			74.00
75.00	Organs Transplanted		9	14	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	71	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		9	85			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2017 1:28 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,159.69	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	12,909	2,154.10	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,663.90	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		12,909		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.288563	100,728	29,066	8.00	
9.00	RECOVERY ROOM	51.00	0.293099	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.420699	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.059309	17,656	1,047	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.151311	133,370	20,180	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.149052	719,743	107,279	18.00	
18.01	BLOOD LABORATORY	60.01	0.134256	4,736	636	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.170541	36,422	6,211	23.00	
24.00	PHYSICAL THERAPY	66.00	0.211682	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.291200	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.131379	45,341	5,957	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.181954	208	38	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.678501	13,467	9,137	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.416231	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.130219	55,014	7,164	31.00	
32.00	RENAL DIALYSIS	74.00	0.382525	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DEV EVALUATION	76.00	0.675853	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.472189	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	FAMILY PRACTICES	90.01	0.000000	0	0	37.01	
37.02	WOMEN'S HEALTH CENTER	90.02	0.000000	0	0	37.02	
37.03	AMBULATORY CARE	90.03	0.436862	0	0	37.03	
37.04	OTHER	90.04	0.000000	0	0	37.04	
38.00	EMERGENCY	91.00	0.157584	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.259985	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			1,126,685	186,715	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2017 1:28 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	0	51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	0	51.02
51.03	AMBULATORY CARE	23.03	0	0.000000	0	0	51.03
51.04	OTHER	23.04	0	0.000000	0	0	51.04
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	186,715		1,139,594			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	3,444,748		3,808,800			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	3,631,463		4,948,394			61.00
62.00	Total Usable Organs (see instructions)		45				62.00
63.00	Medicare Usable Organs (see instructions)		32				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.711111				64.00
65.00	Medicare Cost/Charges (see instructions)	2,582,373		3,518,857			65.00
66.00	Revenue for Organs Sold	25,411		86,203			66.00
67.00	Subtotal (line 65 minus line 66)	2,556,962		3,432,654			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,556,962	0	3,432,654	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	19			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	26			73.00
74.00	Total (sum of lines 70 thru 73)		0	45			74.00
75.00	Organs Transplanted		0	26	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	19	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	45			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 1:28 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)		88,976,496	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		30,218,222	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)		9,620,841	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		51,796,389	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		676.98	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)		171.79	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).		47.78	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)		15.58	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)		235.15	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		235.14	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.55	11.00
12.00	Current year allowable FTE (see instructions)		236.69	12.00
13.00	Total allowable FTE count for the prior year.		239.74	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.		228.93	14.00
15.00	Sum of lines 12 through 14 divided by 3.		235.12	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		235.12	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.347307	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.411558	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.347307	21.00
22.00	IME payment adjustment (see instructions)		20,648,935	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		8,973,051	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)		-0.01	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)		20,648,935	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		8,973,051	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.25	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.26	31.00
32.00	Sum of lines 30 and 31		32.51	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.04	33.00
34.00	Disproportionate share adjustment (see instructions)		4,779,709	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 1:28 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)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000		0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	9,255,810		8,543,812 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	6,929,214		2,153,511 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	9,082,725		
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	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		163,326,928	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		172,299,979	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		11,942,103	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).		11,101,049	52.00
53.00	Nursing and Allied Health Managed Care payment		320,207	53.00
54.00	Special add-on payments for new technologies		18,150	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		4,484,611	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).		244,303	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		186,669	58.00
59.00	Total (sum of amounts on lines 49 through 58)		200,597,071	59.00
60.00	Primary payer payments		66,524	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		200,530,547	61.00
62.00	Deductibles billed to program beneficiaries		8,977,444	62.00
63.00	Coinurance billed to program beneficiaries		995,071	63.00
64.00	Allowable bad debts (see instructions)		2,404,282	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,562,783	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,570,144	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		192,120,815	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)		31,478	70.93
70.94	HRR adjustment amount (see instructions)		-2,788,413	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 1:28 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			189,363,880	71.00
71.01	Sequestration adjustment (see instructions)			3,787,278	71.01
72.00	Interim payments			184,550,261	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)			1,026,341	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,149,535	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 1:28 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		44,862,224	2.00
3.00	PPS payments		40,831,217	3.00
4.00	Outlier payment (see instructions)		99,535	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.897	5.00
6.00	Line 2 times line 5		40,241,415	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		82,908	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		41,013,660	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		7,385,548	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		33,628,112	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,474,878	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)		36,102,990	30.00
31.00	Primary payer payments		1,719	31.00
32.00	Subtotal (line 30 minus line 31)		36,101,271	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)		1,752,373	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,139,042	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,186,261	36.00
37.00	Subtotal (see instructions)		37,240,313	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		37,240,313	40.00
40.01	Sequestration adjustment (see instructions)		744,806	40.01
41.00	Interim payments		32,874,586	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		3,620,921	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 1:28 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 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)			0 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)			0 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)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			0 40.00
40.01	Sequestration adjustment (see instructions)			0 40.01
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 1:28 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 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)			0 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)			0 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)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			0 40.00
40.01	Sequestration adjustment (see instructions)			0 40.01
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 1:28 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		185,181,091		32,874,586	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/09/2016	2,367,720		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	12/20/2016	2,998,550		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)		-630,830		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)		184,550,261		32,874,586	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		1,026,341		3,620,921	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		185,576,602		36,495,507	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0208
Component CCN: 14-S208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,094,663		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,094,663		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		94,059		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,188,722		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0208
Component CCN: 14-T208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 1:28 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	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		9,762,623		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,762,623		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		41,607		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		9,804,230		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/24/2017 1:28 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			39,880 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			59,841 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			29,284 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			199,469 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			3,378,961,582 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			34,042,327 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)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/24/2017 1:28 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,383,108 1.00
2.00	Net IPF PPS Outlier Payments			9,054 2.00
3.00	Net IPF PPS ECT Payments			90,030 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			27.685792 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,482,192 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,482,192 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,482,192 18.00
19.00	Deductibles			205,912 19.00
20.00	Subtotal (line 18 minus line 19)			3,276,280 20.00
21.00	Coinsurance			118,440 21.00
22.00	Subtotal (line 20 minus line 21)			3,157,840 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			128,879 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			83,771 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			80,992 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,241,611 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			12,187 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,253,798 31.00
31.01	Sequestration adjustment (see instructions)			65,076 31.01
32.00	Interim payments			3,094,663 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			94,059 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			9,054 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/24/2017 1:28 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		9,122,822	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0252	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		230,807	3.00
4.00	Outlier Payments		758,409	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		33.095628	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		10,112,038	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		10,112,038	17.00
18.00	Primary payer payments		1,756	18.00
19.00	Subtotal (line 17 less line 18).		10,110,282	19.00
20.00	Deductibles		47,628	20.00
21.00	Subtotal (line 19 minus line 20)		10,062,654	21.00
22.00	Coinsurance		107,184	22.00
23.00	Subtotal (line 21 minus line 22)		9,955,470	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		36,207	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		23,535	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		29,778	26.00
27.00	Subtotal (sum of lines 23 and 25)		9,979,005	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		25,311	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		10,004,316	32.00
32.01	Sequestration adjustment (see instructions)		200,086	32.01
33.00	Interim payments		9,762,623	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)		41,607	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		7,876	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		758,409	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 1:28 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			171.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			50.91	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			14.44	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			237.14	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			237.13	6.00
7.00	Enter the lesser of line 5 or line 6			237.13	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	143.96	82.97	226.93	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	143.96	82.97	226.93	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.55		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	143.96	84.52		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	145.60	83.24		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	139.89	81.07		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	143.15	82.94		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	143.15	82.94		17.00
18.00	Per resident amount	143,960.15	136,317.56		18.00
19.00	Approved amount for resident costs	20,607,895	11,306,178	31,914,073	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			31,914,073	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	69,743	29,284		26.00
27.00	Total Inpatient Days (see instructions)	223,064	223,064		27.00
28.00	Ratio of inpatient days to total inpatient days	0.312659	0.131281		28.00
29.00	Program direct GME amount	9,978,222	4,189,711		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		592,006		30.00
31.00	Net Program direct GME amount			13,575,927	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 1:28 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		6,008	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		9,070,550	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000662	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		197,176,999	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		4,484,611	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		68,280	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		201,593,330	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		44,945,132	42.00
43.00	Primary payer payments (see instructions)		1,719	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		44,943,413	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		246,536,743	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.817701	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.182299	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		13,575,927	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		11,101,049	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,474,878	50.00

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

Provider CCN: 14-0208

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

Worksheet G

Date/Time Prepared:
5/24/2017 1:28 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	120,947,000	0	0	0	1.00
2.00	Temporary investments	71,537,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	640,584,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	245,325,000	0	0	0	9.00
10.00	Due from other funds	26,749,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,105,142,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	246,722,000	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	3,358,035,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,594,544,000	0	0	0	23.00
24.00	Accumulated depreciation	-2,608,384,000	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)	2,590,917,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,694,650,000	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	465,028,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,159,678,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	8,855,737,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	366,906,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	402,078,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	47,560,000	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	494,903,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,311,447,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,544,944,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	905,023,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,449,967,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,761,414,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	5,094,323,000				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)	5,094,323,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	8,855,737,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0208

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

Worksheet G-1

Date/Time Prepared:
5/24/2017 1:28 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		3,678,454,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		57,355,891			2.00
3.00	Total (sum of line 1 and line 2)		3,735,809,891		0	3.00
4.00	OTHER CORPORATE INCOME	1,358,513,109		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,358,513,109		0	10.00
11.00	Subtotal (line 3 plus line 10)		5,094,323,000		0	11.00
12.00		0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		5,094,323,000		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	OTHER CORPORATE INCOME		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00			0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0208

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2017 1:28 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	477,609,579		477,609,579	1.00
2.00	SUBPROVIDER - IPF	25,329,400		25,329,400	2.00
3.00	SUBPROVIDER - IRF	24,517,079		24,517,079	3.00
4.00	SUBPROVIDER	0		0	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)	527,456,058		527,456,058	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	181,586,987		181,586,987	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	42,161,850		42,161,850	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	223,748,837		223,748,837	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	751,204,895		751,204,895	17.00
18.00	Ancillary services	1,536,350,692	832,904,748	2,369,255,440	18.00
19.00	Outpatient services	88,480,969	169,924,565	258,405,534	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	AMBULATORY CARE	119,326	10,991,868	11,111,194	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,376,155,882	1,013,821,181	3,389,977,063	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,057,823,608		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)		1,057,823,608		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0208

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

Worksheet G-3

Date/Time Prepared:
5/24/2017 1:28 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,389,977,063	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,284,778,122	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,105,198,941	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,057,823,608	4.00
5.00	Net income from service to patients (line 3 minus line 4)	47,375,333	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING	9,980,558	24.00
25.00	Total other income (sum of lines 6-24)	9,980,558	25.00
26.00	Total (line 5 plus line 25)	57,355,891	26.00
27.00	NET NONOPERATING	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	57,355,891	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet 1-5 Date/Time Prepared: 5/24/2017 1:28 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0208	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/24/2017 1:28 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		9,582,809	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		476,272	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)		548.68	3.00
4.00	Number of interns & residents (see instructions)		235.12	4.00
5.00	Indirect medical education percentage (see instructions)		12.85	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)		1,231,391	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.25	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.26	8.00
9.00	Sum of lines 7 and 8		32.51	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.80	10.00
11.00	Disproportionate share adjustment (see instructions)		651,631	11.00
12.00	Total prospective capital payments (see instructions)		11,942,103	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