

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: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/25/2017 12:48 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date:	Time:
	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.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE SAINT JOSEPH HOSPITAL ELGIN (14-0217) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	218,118	36,558	64,361	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-25,297	-181		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	192,821	36,377	64,361	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 12:48 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 77 NORTH AIRLITE ST.			PO Box:						1.00		
2.00	City: ELGIN			State: IL		Zip Code: 60123		County: KANE		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		PRESENCE SAINT JOSEPH HOSPITAL ELGIN		140217	16974	1	09/01/1966	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		PRESENCE SAINT JOSEPH REHAB UNIT		14T217	16974	5	09/01/1997	N	P	N	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		20.00		
21.00	Type of Control (see instructions)						1			21.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	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	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.			3,460	1,139	0	0	413	450	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	76	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 12:48 pm			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0	76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00	
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00	

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		1.00	2.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H082		140.00
		1.00	2.00	3.00	
141.00	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
	Name: PRESENCE HEALTH NETWORK	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131	141.00
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:			142.00
143.00	City: CHICAGO	State: IL	Zip Code: 60606		143.00
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
		1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
155.00	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)				
	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
					1.00
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				
					0.00
					1.00
167.00	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.25

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 12:48 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2015	09/30/2016	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 12:48 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	05/19/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/28/2017	Y	04/28/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 12:48 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TENNILLE	TUCKER		41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(630) 914-2652	TENNILLE.TUCKER@PRESENCEHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 12:48 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 ANALYST REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 14-0217

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

Worksheet S-2
Part V
Date/Time Prepared:
5/25/2017 12:48 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	TENNILLE	1.00
2.00	Last Name	TUCKER	2.00
3.00	Title	SR REIMBURSEMENT ANALYST	3.00
4.00	Employer	PRESENCE HEALTH	4.00
5.00	Phone Number	(630)914-2652	5.00
6.00	E-mail Address	TENNILLE.TUCKER@PRESENCEHEALTH.ORG	6.00
7.00	Department	REIMBURSEMENT	7.00
8.00	Mailing Address 1	1000 REMINGTON BLVD	8.00
9.00	Mailing Address 2	SUITE 100, 07	9.00
10.00	City	BOLINGBROOK	10.00
11.00	State	IL	11.00
12.00	Zip	60440	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part IX Date/Time Prepared: 5/25/2017 12:48 pm
		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0217

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 12:48 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	99	36,234	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)		99	36,234	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	15	5,490	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		114	41,724	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	30	10,980		0	16.00
17.00 SUBPROVIDER - IRF	41.00	40	14,640		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		184			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0217

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 12:48 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)	10,503	981	17,412			1.00
2.00 HMO and other (see instructions)	1,911	2,014				2.00
3.00 HMO IPF Subprovider	0	1,732				3.00
4.00 HMO IRF Subprovider	454	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	10,503	981	17,412			7.00
8.00 INTENSIVE CARE UNIT	1,150	121	2,577			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	11,653	1,102	19,989	0.00	546.58	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	614	6,104	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	11,444	0	13,450	0.00	52.09	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	598.67	27.00
28.00 Observation Bed Days		174	3,489			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			113			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0217

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 12:48 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,454	313	4,552	1.00
2.00 HMO and other (see instructions)			388	691		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,454	313	4,552	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	492	1,158	16.00
17.00 SUBPROVIDER - IRF	0.00	0	1,069	0	1,254	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet S-3 Part II Date/Time Prepared: 5/25/2017 12:48 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	39,341,366	51,400	39,392,766	1,272,294.00	30.96	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		5,820,685	92,253	5,912,938	129,124.00	45.79	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		3,964,692	0	3,964,692	96,260.00	41.19	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		593,403	0	593,403	4,337.00	136.82	13.00
14.00	Home office and/or related organization salaries and wage-related costs		10,856,707	0	10,856,707	204,359.00	53.13	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		9,858,131	0	9,858,131			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,121,541	0	1,121,541			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	112,497	51,400	163,897	6,236.00	26.28	26.00
27.00	Administrative & General	5.00	3,129,325	0	3,129,325	102,764.00	30.45	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0217

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2017 12:48 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.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	25,748	0	25,748	1,280.00	20.12	29.00
30.00	Operation of Plant	1,233,009	0	1,233,009	50,215.00	24.55	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,039,811	0	1,039,811	78,728.00	13.21	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	919,350	-413,092	506,258	35,373.00	14.31	34.00
35.00	Dietary under contract (see instructions)	734,133	0	734,133	8,402.00	87.38	35.00
36.00	Cafeteria	0	413,092	413,092	28,863.00	14.31	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,373,069	0	2,373,069	61,174.00	38.79	38.00
39.00	Central Services and Supply	340,414	0	340,414	17,349.00	19.62	39.00
40.00	Pharmacy	1,951,748	0	1,951,748	43,369.00	45.00	40.00
41.00	Medical Records & Medical Records Library	464,274	0	464,274	12,754.00	36.40	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0217

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2017 12:48 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	40,075,499	51,400	40,126,899	1,280,696.00	31.33	1.00
2.00	Excluded area salaries (see instructions)	5,820,685	92,253	5,912,938	129,124.00	45.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	34,254,814	-40,853	34,213,961	1,151,572.00	29.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,414,802	0	15,414,802	304,956.00	50.55	4.00
5.00	Subtotal wage-related costs (see inst.)	9,858,131	0	9,858,131	0.00	28.81	5.00
6.00	Total (sum of lines 3 thru 5)	59,527,747	-40,853	59,486,894	1,456,528.00	40.84	6.00
7.00	Total overhead cost (see instructions)	12,323,378	51,400	12,374,778	446,507.00	27.71	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2017 12:48 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	1,415,821	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)	2,024,020	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	3,769,283	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	74,285	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	26,696	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)	123,610	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	538,088	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	2,805,260	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	116,779	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	85,830	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,979,672	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: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/25/2017 12:48 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		3,964,692	10,979,672 1.00
2.00	Hospital		3,605,721	9,858,126 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		358,971	994,120 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			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	127,426 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/25/2017 12:48 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.172029	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		20,551,593	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		96,921,026	6.00
7.00	Medicaid cost (line 1 times line 6)		16,673,227	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
		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)	20,802,887	1,363,114	22,166,001
21.00	Cost of patients approved for charity care (line 1 times line 20)	3,578,700	234,495	3,813,195
22.00	Partial payment by patients approved for charity care	330,771	80,370	411,141
23.00	Cost of charity care (line 21 minus line 22)	3,247,929	154,125	3,402,054
				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?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0
26.00	Total bad debt expense for the entire hospital complex (see instructions)			5,439,576
27.00	Medicare bad debts for the entire hospital complex (see instructions)			310,943
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			5,128,633
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			882,274
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,284,328
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			4,284,328

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0217		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	CAP REL COSTS-BLDG & FIXT		1,959,173	1,959,173	1,630,464	3,589,637	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,404,098	1,404,098	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	112,497	254,665	367,162	-1,343	365,819	4.00
5.01	01160	COMMUNICATIONS	156,414	216,094	372,508	-14,509	357,999	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	0	0	-45,172	-45,172	5.02
5.03	00570	ADMINISTRATIVE	850,583	279,320	1,129,903	-13,930	1,115,973	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,931	10,357	18,288	-332	17,956	5.04
5.05	00590	OTHER ADMIN AND GENERAL	2,114,397	30,996,974	33,111,371	-53,076	33,058,295	5.05
6.00	00600	MAINTENANCE & REPAIRS	25,748	2,717,611	2,743,359	-17,679	2,725,680	6.00
7.00	00700	OPERATION OF PLANT	1,233,009	3,428,592	4,661,601	-22,611	4,638,990	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	366,695	366,695	-120,840	245,855	8.00
9.00	00900	HOUSEKEEPING	1,039,811	593,320	1,633,131	-42,685	1,590,446	9.00
10.00	01000	DIETARY	919,350	1,870,374	2,789,724	-1,271,640	1,518,084	10.00
11.00	01100	CAFETERIA	0	0	0	1,253,508	1,253,508	11.00
13.00	01300	NURSING ADMINISTRATION	2,373,069	1,049,261	3,422,330	-358,543	3,063,787	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	340,414	775	341,189	-265,091	76,098	14.00
15.00	01500	PHARMACY	1,951,748	9,458,680	11,410,428	-50,554	11,359,874	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	464,274	1,014,670	1,478,944	-5,489	1,473,455	16.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	208,374	99,376	307,750	87,663	395,413	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,734,666	2,577,686	9,312,352	-632,799	8,679,553	30.00
31.00	03100	INTENSIVE CARE UNIT	1,844,150	1,581,181	3,425,331	-318,705	3,106,626	31.00
40.00	04000	SUBPROVIDER - I/PF	1,901,359	542,592	2,443,951	0	2,443,951	40.00
41.00	04100	SUBPROVIDER - I/RF	3,562,042	4,862,449	8,424,491	-188,031	8,236,460	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,824,892	11,888,989	13,713,881	-10,280,836	3,433,045	50.00
51.00	05100	RECOVERY ROOM	1,972,386	668,670	2,641,056	-137,203	2,503,853	51.00
53.00	05300	ANESTHESIOLOGY	68,416	1,024,518	1,092,934	-110,774	982,160	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,983,528	1,288,819	3,272,347	-476,322	2,796,025	54.00
54.01	03650	VASCULAR LAB	375,036	150,271	525,307	-55,121	470,186	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,083,849	1,586,096	2,669,945	-234,233	2,435,712	55.00
57.00	05700	CT SCAN	432,680	292,455	725,135	-106,322	618,813	57.00
58.00	05800	MRI	199,741	244,656	444,397	-29,611	414,786	58.00
59.00	05900	CARDIAC CATHETERIZATION	755,005	3,576,823	4,331,828	-2,931,339	1,400,489	59.00
60.00	06000	LABORATORY	95,912	5,203,284	5,299,196	-136,915	5,162,281	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	431,539	431,539	0	431,539	62.00
65.00	06500	RESPIRATORY THERAPY	883,267	403,940	1,287,207	-106,897	1,180,310	65.00
66.00	06600	PHYSICAL THERAPY	749	2,370,681	2,371,430	-35,787	2,335,643	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,071	8,071	-1,203	6,868	67.00
68.00	06800	SPEECH PATHOLOGY	0	747	747	-495	252	68.00
69.00	06900	ELECTROCARDIOLOGY	614,174	218,678	832,852	-40,788	792,064	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,911,278	6,911,278	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,775,049	8,775,049	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	688,156	688,156	0	688,156	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRY/PSYCHOLOGICAL SERVICES	318,920	131,705	450,625	0	450,625	76.02
76.03	03951	OCCUPATIONAL HEALTH	291	16,943	17,234	-513	16,721	76.03
76.97	07697	CARDIAC REHABILITATION	196,239	104,171	300,410	-12,472	287,938	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	86,436	795,625	882,061	-127,237	754,824	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	197,595	197,595	90.01
91.00	09100	EMERGENCY	2,261,227	3,327,205	5,588,432	-349,957	5,238,475	91.00
91.01	09101	CIVIL OUT	26,961	279,314	306,275	-3,639	302,636	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	172,911	0	172,911	-357	172,554	91.03
91.04	09104	HUNTLEY OP	0	96	96	0	96	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	1,650,990	1,650,990	-1,650,990	0	113.00
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	39,192,456	100,232,287	139,424,743	7,615	139,432,358	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,818	2,818	-2,818	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	1,414	86,854	88,268	-4,015	84,253	194.01
194.02	07952	COMMUNITY WELLNESS	127,468	21,182	148,650	-782	147,868	194.02
194.03	07953	FUND DEVELOPMENT	20,028	5,050	25,078	0	25,078	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	51,087	51,087	0	51,087	194.04
200.00	20000	TOTAL (SUM OF LINES 118-199)	39,341,366	100,399,278	139,740,644	0	139,740,644	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0217

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

Worksheet A
Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,876,897	6,466,534	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	791,187	2,195,285	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,888,985	2,254,804	4.00
5.01	01160	COMMUNICATIONS	-21,325	336,674	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	45,301	129	5.02
5.03	00570	ADMINISTRATIVE	0	1,115,973	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	282,325	300,281	5.04
5.05	00590	OTHER ADMIN AND GENERAL	-6,841,014	26,217,281	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	2,725,680	6.00
7.00	00700	OPERATION OF PLANT	0	4,638,990	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	245,855	8.00
9.00	00900	HOUSEKEEPING	0	1,590,446	9.00
10.00	01000	DIETARY	0	1,518,084	10.00
11.00	01100	CAFETERIA	-555,377	698,131	11.00
13.00	01300	NURSING ADMINISTRATION	-1,300	3,062,487	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	138,442	214,540	14.00
15.00	01500	PHARMACY	-1,681	11,358,193	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-18,292	1,455,163	16.00
23.00	02300	PARAMED PRGM-AMBULANCE	-92,056	303,357	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-63,806	8,615,747	30.00
31.00	03100	INTENSIVE CARE UNIT	6,999	3,113,625	31.00
40.00	04000	SUBPROVIDER - IPF	0	2,443,951	40.00
41.00	04100	SUBPROVIDER - I RF	-15,425	8,221,035	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-179,226	3,253,819	50.00
51.00	05100	RECOVERY ROOM	0	2,503,853	51.00
53.00	05300	ANESTHESIOLOGY	-851,029	131,131	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-79,614	2,716,411	54.00
54.01	03650	VASCULAR LAB	0	470,186	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-152,170	2,283,542	55.00
57.00	05700	CT SCAN	0	618,813	57.00
58.00	05800	MRI	0	414,786	58.00
59.00	05900	CARDIAC CATHETERIZATION	-10,381	1,390,108	59.00
60.00	06000	LABORATORY	103,508	5,265,789	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	431,539	62.00
65.00	06500	RESPIRATORY THERAPY	0	1,180,310	65.00
66.00	06600	PHYSICAL THERAPY	0	2,335,643	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,868	67.00
68.00	06800	SPEECH PATHOLOGY	0	252	68.00
69.00	06900	ELECTROCARDIOLOGY	-4,832	787,232	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,911,278	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,775,049	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	688,156	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	450,625	76.02
76.03	03951	OCCUPATIONAL HEALTH	-7,918	8,803	76.03
76.97	07697	CARDIAC REHABILITATION	0	287,938	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-661	754,163	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT PROCEDURES	0	197,595	90.01
91.00	09100	EMERGENCY	-1,818,555	3,419,920	91.00
91.01	09101	CIVILLE OUT	-65,076	237,560	91.01
91.02	09102	LAKE HILL OUT	0	0	91.02
91.03	09103	NUTRITION COUNSELING	-27,015	145,539	91.03
91.04	09104	HUNTLEY OP	0	96	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-4,673,109	134,759,249	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	194.00
194.01	07951	MOB	0	84,253	194.01
194.02	07952	COMMUNITY WELLNESS	0	147,868	194.02
194.03	07953	FUND DEVELOPMENT	0	25,078	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	51,087	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-4,673,109	135,067,535	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet Non-CMS W
Date/Time Prepared: 5/25/2017 12:48 pm				
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	COMMUNICATIONS	01160	COMMUNICATIONS	5.01
5.02	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.02
5.03	ADMITTING	00570	ADMITTING	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	OTHER ADMIN AND GENERAL	00590		5.05
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
23.00	PARAMED ED PRGM-AMBULANCE	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	VASCULAR LAB	03650	VASCULAR LAB	54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	06200		62.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	OTHER ANCILLARY SERVICES COST CENTER	03950		76.00
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02
76.03	OCCUPATIONAL HEALTH	03951		76.03
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT PROCEDURES	09001		90.01
91.00	EMERGENCY	09100		91.00
91.01	CIVILLE OUT	09101		91.01
91.02	LAKE HILL OUT	09102		91.02
91.03	NUTRITION COUNSELING	09103		91.03
91.04	HUNTLEY OP	09104		91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
194.00	MISC NONREIMBURSABLE COST CENTER	07950		194.00
194.01	MOB	07951		194.01
194.02	COMMUNITY WELLNESS	07952		194.02
194.03	FUND DEVELOPMENT	07953		194.03

COST CENTERS USED IN COST REPORT		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet Non-CMS W Date/Time Prepared: 5/25/2017 12:48 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
194.04	PHYSICIAN PRACTICE MANAGEMENT	07954		194.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-0217

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	413,092	840,416	1.00
	O		413,092	840,416	
B - EQUIP DEPR					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,404,098	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,167,526	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
	O		0	3,571,624	
C - EXECUTIVE HEALTH RESOURCES					
1.00		0.00	0	0	1.00
	O		0	0	
D - DIRECTLY ASSIGNED DEPR					
1.00	EMERGENCY	91.00	0	140	1.00
2.00	C'VILLE OUT	91.01	0	20,386	2.00
	O		0	20,526	
H - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,650,990	1.00
	O		0	1,650,990	
I - EMS TRAINING COSTS					
1.00	PARAMED ED PRGM-AMBULANCE	23.00	92,253	0	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
	O		92,253	0	
J - DEFERRED COMPENSATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	51,400	0	1.00
	O		51,400	0	
K - HO ALLOCATION					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,945	1.00
	O		0	4,945	

RECLASSIFICATIONS

Provider CCN: 14-0217

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

Worksheet A-6

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
L - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,775,049	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
	0		0	8,775,049		
M - BILLABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,911,278	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
	0		0	6,911,278		
N - RECLASS OP PROCEDURE COSTS						
1.00	OUTPATIENT PROCEDURES	90.01	145,151	52,444	1.00	
	0		145,151	52,444		
500.00	Grand Total: Increases		701,896	21,827,272	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0217

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA						
1.00	DIETARY	10.00	413,092	840,416	0	1.00
	O		413,092	840,416		
B - EQUIP DEPR						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,167,526	9	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,111	9	2.00
3.00	COMMUNICATIONS	5.01	0	14,507	0	3.00
4.00	PURCHASING RECEIVING AND STORES	5.02	0	45,056	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	332	0	5.00
6.00	OTHER ADMIN AND GENERAL	5.05	0	52,281	0	6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	17,515	0	7.00
8.00	OPERATION OF PLANT	7.00	0	18,948	0	8.00
9.00	HOUSEKEEPING	9.00	0	5,149	0	9.00
10.00	DIETARY	10.00	0	9,915	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	353,532	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	38,229	0	12.00
13.00	PHARMACY	15.00	0	4,057	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,416	0	14.00
15.00	PARAMED PRGM-AMBULANCE	23.00	0	3,715	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	0	28,106	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	0	62,284	0	17.00
18.00	SUBPROVIDER - IRF	41.00	0	20,746	0	18.00
19.00	OPERATING ROOM	50.00	0	295,458	0	19.00
20.00	RECOVERY ROOM	51.00	0	1,510	0	20.00
21.00	ANESTHESIOLOGY	53.00	0	4,242	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	92,993	0	22.00
23.00	VASCULAR LAB	54.01	0	6,818	0	23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	41,546	0	24.00
25.00	CT SCAN	57.00	0	689	0	25.00
26.00	MRI	58.00	0	16,526	0	26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	58,531	0	27.00
28.00	LABORATORY	60.00	0	83,972	0	28.00
29.00	RESPIRATORY THERAPY	65.00	0	10,719	0	29.00
30.00	PHYSICAL THERAPY	66.00	0	10,486	0	30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	59	0	31.00
32.00	SPEECH PATHOLOGY	68.00	0	68	0	32.00
33.00	ELECTROCARDIOLOGY	69.00	0	30,530	0	33.00
34.00	OCCUPATIONAL HEALTH	76.03	0	85	0	34.00
35.00	CARDIAC REHABILITATION	76.97	0	10,717	0	35.00
36.00	HYPERBARIC OXYGEN THERAPY	76.98	0	132	0	36.00
37.00	EMERGENCY	91.00	0	31,183	0	37.00
38.00	CVILLE OUT	91.01	0	20,101	0	38.00
39.00	NUTRITION COUNSELING	91.03	0	1	0	39.00
40.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,818	0	40.00
41.00	MOB	194.01	0	4,015	0	41.00
	O		0	3,571,624		
C - EXECUTIVE HEALTH RESOURCES						
1.00		0.00	0	0	0	1.00
	O		0	0		
D - DIRECTLY ASSIGNED DEPR						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	20,526	9	1.00
2.00		0.00	0	0	0	2.00
	O		0	20,526		
H - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	1,650,990	11	1.00
	O		0	1,650,990		
I - EMS TRAINING COSTS						
1.00	ADULTS & PEDIATRICS	30.00	2,460	0	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	11,650	0	0	2.00
3.00	OPERATING ROOM	50.00	2,141	0	0	3.00
4.00	ANESTHESIOLOGY	53.00	6,367	0	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	3,569	0	0	5.00
6.00	RESPIRATORY THERAPY	65.00	1,252	0	0	6.00
7.00	EMERGENCY	91.00	64,814	0	0	7.00
	O		92,253	0		
J - DEFERRED COMPENSATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	51,400	0	1.00
	O		0	51,400		

RECLASSIFICATIONS

Provider CCN: 14-0217

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
K - HO ALLOCATION							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,945	0		1.00
	O		0	4,945			
L - IMPLANTS							
1.00	HOUSEKEEPING	9.00	0	13,182	0		1.00
2.00	DIETARY	10.00	0	41	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	39	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	134,858	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	3,970	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	9,371	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	1,934	0		7.00
8.00	OPERATING ROOM	50.00	0	6,255,618	0		8.00
9.00	RECOVERY ROOM	51.00	0	420	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	6,614	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,255	0		11.00
12.00	VASCULAR LAB	54.01	0	18,315	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	961	0		13.00
14.00	CT SCAN	57.00	0	10,421	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	2,261,425	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	624	0		16.00
17.00	HYPERBARIC OXYGEN THERAPY	76.98	0	49,256	0		17.00
18.00	EMERGENCY	91.00	0	2,718	0		18.00
19.00	CVILLE OUT	91.01	0	27	0		19.00
	O		0	8,775,049			
M - BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	232	0		1.00
2.00	COMMUNICATIONS	5.01	0	2	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.02	0	116	0		3.00
4.00	ADMINISTRATIVE	5.03	0	13,930	0		4.00
5.00	OTHER ADMIN AND GENERAL	5.05	0	795	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	164	0		6.00
7.00	OPERATION OF PLANT	7.00	0	3,663	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	120,840	0		8.00
9.00	HOUSEKEEPING	9.00	0	24,354	0		9.00
10.00	DIETARY	10.00	0	8,176	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	4,972	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	92,004	0		12.00
13.00	PHARMACY	15.00	0	46,497	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	73	0		14.00
15.00	PARAMEDICAL PRGM-AMBULANCE	23.00	0	875	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	400,668	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	235,400	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	165,351	0		18.00
19.00	OPERATING ROOM	50.00	0	3,727,619	0		19.00
20.00	RECOVERY ROOM	51.00	0	135,273	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	93,551	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	378,074	0		22.00
23.00	VASCULAR LAB	54.01	0	29,988	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	191,726	0		24.00
25.00	CT SCAN	57.00	0	95,212	0		25.00
26.00	MRI	58.00	0	13,085	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	607,814	0		27.00
28.00	LABORATORY	60.00	0	52,943	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	94,302	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	25,301	0		30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	1,144	0		31.00
32.00	SPEECH PATHOLOGY	68.00	0	427	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	10,258	0		33.00
34.00	OCCUPATIONAL HEALTH	76.03	0	428	0		34.00
35.00	CARDIAC REHABILITATION	76.97	0	1,755	0		35.00
36.00	HYPERBARIC OXYGEN THERAPY	76.98	0	77,849	0		36.00
37.00	EMERGENCY	91.00	0	251,382	0		37.00
38.00	CVILLE OUT	91.01	0	3,897	0		38.00
39.00	NUTRITION COUNSELING	91.03	0	356	0		39.00
40.00	COMMUNITY WELLNESS	194.02	0	782	0		40.00
	O		0	6,911,278			
N - RECLASS OP PROCEDURE COSTS							
1.00	ADULTS & PEDIATRICS	30.00	145,151	52,444	0		1.00
	O		145,151	52,444			
500.00	Grand Total: Decreases		650,496	21,878,672			500.00

RECLASSIFICATIONS

Provider CCN: 14-0217

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/25/2017 12:48 pm

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - CAFETERIA									
1.00	CAFETERIA	11.00	413,092	840,416	DIETARY	10.00	413,092	840,416	1.00
	0		413,092	840,416	0		413,092	840,416	
B - EQUIP DEPR									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,404,098	CAP REL COSTS-BLDG & FI XT	1.00	0	2,167,526	1.00
2.00	CAP REL COSTS-BLDG & FI XT	1.00	0	2,167,526	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,111	2.00
3.00		0.00	0	0	COMMUNICATIONS	5.01	0	14,507	3.00
4.00		0.00	0	0	PURCHASING RECEIVING AND STORES	5.02	0	45,056	4.00
5.00		0.00	0	0	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	332	5.00
6.00		0.00	0	0	OTHER ADMIN AND GENERAL	5.05	0	52,281	6.00
7.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	17,515	7.00
8.00		0.00	0	0	OPERATION OF PLANT	7.00	0	18,948	8.00
9.00		0.00	0	0	HOUSEKEEPING	9.00	0	5,149	9.00
10.00		0.00	0	0	DIETARY	10.00	0	9,915	10.00
11.00		0.00	0	0	NURSING	13.00	0	353,532	11.00
12.00		0.00	0	0	ADMINISTRATION				
13.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	38,229	12.00
14.00		0.00	0	0	PHARMACY	15.00	0	4,057	13.00
15.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	5,416	14.00
16.00		0.00	0	0	PARAMED PRGM-AMBULANCE	23.00	0	3,715	15.00
17.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	28,106	16.00
18.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	62,284	17.00
19.00		0.00	0	0	SUBPROVIDER - I RF	41.00	0	20,746	18.00
20.00		0.00	0	0	OPERATING ROOM	50.00	0	295,458	19.00
21.00		0.00	0	0	RECOVERY ROOM	51.00	0	1,510	20.00
22.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	4,242	21.00
23.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	92,993	22.00
24.00		0.00	0	0	VASCULAR LAB	54.01	0	6,818	23.00
25.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	41,546	24.00
26.00		0.00	0	0	CT SCAN	57.00	0	689	25.00
27.00		0.00	0	0	MRI	58.00	0	16,526	26.00
28.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	58,531	27.00
29.00		0.00	0	0	LABORATORY	60.00	0	83,972	28.00
30.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	10,719	29.00
31.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	10,486	30.00
32.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	59	31.00
33.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	68	32.00
34.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	30,530	33.00
35.00		0.00	0	0	OCCUPATIONAL HEALTH	76.03	0	85	34.00
36.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	10,717	35.00
37.00		0.00	0	0	HYPERBARI C OXYGEN THERAPY	76.98	0	132	36.00
38.00		0.00	0	0	EMERGENCY	91.00	0	31,183	37.00
39.00		0.00	0	0	C'VILLE OUT	91.01	0	20,101	38.00
40.00		0.00	0	0	NUTRITION COUNSELING	91.03	0	1	39.00
41.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,818	40.00
	0		0	0	MOB	194.01	0	4,015	41.00
	0		0	3,571,624	0		0	3,571,624	
C - EXECUTIVE HEALTH RESOURCES									
1.00		0.00	0	0		0.00	0	0	1.00
	0		0	0	0		0	0	
D - DIRECTLY ASSIGNED DEPR									
1.00	EMERGENCY	91.00	0	140	CAP REL COSTS-BLDG & FI XT	1.00	0	20,526	1.00
2.00	C'VILLE OUT	91.01	0	20,386		0.00	0	0	2.00
	0		0	20,526	0		0	20,526	
H - INTEREST EXPENSE									
1.00	CAP REL COSTS-BLDG & FI XT	1.00	0	1,650,990	INTEREST EXPENSE	113.00	0	1,650,990	1.00
	0		0	1,650,990	0		0	1,650,990	
I - EMS TRAINING COSTS									
1.00	PARAMED PRGM-AMBULANCE	23.00	92,253	0	ADULTS & PEDIATRICS	30.00	2,460	0	1.00
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	11,650	0	2.00

RECLASSIFICATIONS

Provider CCN: 14-0217

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/25/2017 12:48 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
3.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
		0.00	0	0	OPERATING ROOM	50.00	2,141	0	3.00
		0.00	0	0	ANESTHESIOLOGY	53.00	6,367	0	4.00
		0.00	0	0	CARDIAC	59.00	3,569	0	5.00
		0.00	0	0	CATHETERIZATION				
		0.00	0	0	RESPIRATORY THERAPY	65.00	1,252	0	6.00
		0.00	0	0	EMERGENCY	91.00	64,814	0	7.00
			92,253	0	0		92,253	0	
J - DEFERRED COMPENSATION									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	51,400	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	51,400	1.00
			51,400	0	0		0	51,400	
K - HO ALLOCATION									
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,945	MEDICAL RECORDS & LIBRARY	16.00	0	4,945	1.00
			0	4,945	0		0	4,945	
L - IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,775,049	HOUSEKEEPING	9.00	0	13,182	1.00
2.00		0.00	0	0	DIETARY	10.00	0	41	2.00
3.00		0.00	0	0	NURSING	13.00	0	39	3.00
4.00		0.00	0	0	ADMINISTRATION				
5.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	134,858	4.00
6.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	3,970	5.00
7.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	9,371	6.00
8.00		0.00	0	0	SUBPROVIDER - IIRF	41.00	0	1,934	7.00
9.00		0.00	0	0	OPERATING ROOM	50.00	0	6,255,618	8.00
10.00		0.00	0	0	RECOVERY ROOM	51.00	0	420	9.00
11.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	6,614	10.00
12.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	5,255	11.00
13.00		0.00	0	0	VASCULAR LAB	54.01	0	18,315	12.00
14.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	961	13.00
15.00		0.00	0	0	CT SCAN	57.00	0	10,421	14.00
16.00		0.00	0	0	CARDIAC	59.00	0	2,261,425	15.00
17.00		0.00	0	0	CATHETERIZATION				
18.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	624	16.00
19.00		0.00	0	0	HYPERBARIC OXYGEN THERAPY	76.98	0	49,256	17.00
		0.00	0	0	EMERGENCY	91.00	0	2,718	18.00
		0.00	0	0	CIVILLE OUT	91.01	0	27	19.00
			0	8,775,049	0		0	8,775,049	
M - BILLABLE SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,911,278	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	232	1.00
2.00		0.00	0	0	COMMUNICATIONS	5.01	0	2	2.00
3.00		0.00	0	0	PURCHASING RECEIVING AND STORES	5.02	0	116	3.00
4.00		0.00	0	0	ADMINISTRATION	5.03	0	13,930	4.00
5.00		0.00	0	0	OTHER ADMIN AND GENERAL	5.05	0	795	5.00
6.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	164	6.00
7.00		0.00	0	0	OPERATION OF PLANT	7.00	0	3,663	7.00
8.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	120,840	8.00
9.00		0.00	0	0	HOUSEKEEPING	9.00	0	24,354	9.00
10.00		0.00	0	0	DIETARY	10.00	0	8,176	10.00
11.00		0.00	0	0	NURSING	13.00	0	4,972	11.00
12.00		0.00	0	0	ADMINISTRATION				
13.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	92,004	12.00
14.00		0.00	0	0	PHARMACY	15.00	0	46,497	13.00
15.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	73	14.00
16.00		0.00	0	0	PARAMED PRGM-AMBULANCE	23.00	0	875	15.00
17.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	400,668	16.00
18.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	235,400	17.00
19.00		0.00	0	0	SUBPROVIDER - IIRF	41.00	0	165,351	18.00
20.00		0.00	0	0	OPERATING ROOM	50.00	0	3,727,619	19.00
21.00		0.00	0	0	RECOVERY ROOM	51.00	0	135,273	20.00
22.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	93,551	21.00
23.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	378,074	22.00
24.00		0.00	0	0	VASCULAR LAB	54.01	0	29,988	23.00
25.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	191,726	24.00
		0.00	0	0	CT SCAN	57.00	0	95,212	25.00

RECLASSIFICATIONS

Provider CCN: 14-0217

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/25/2017 12:48 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
26.00		0.00	0		0MRI	58.00	0	13,085	26.00
27.00		0.00	0		0CARDIAC CATHETERIZATION	59.00	0	607,814	27.00
28.00		0.00	0		0LABORATORY	60.00	0	52,943	28.00
29.00		0.00	0		0RESPIRATORY THERAPY	65.00	0	94,302	29.00
30.00		0.00	0		0PHYSICAL THERAPY	66.00	0	25,301	30.00
31.00		0.00	0		0OCCUPATIONAL THERAPY	67.00	0	1,144	31.00
32.00		0.00	0		0SPEECH PATHOLOGY	68.00	0	427	32.00
33.00		0.00	0		0ELECTROCARDIOLOGY	69.00	0	10,258	33.00
34.00		0.00	0		0OCCUPATIONAL HEALTH	76.03	0	428	34.00
35.00		0.00	0		0CARDIAC REHABILITATION	76.97	0	1,755	35.00
36.00		0.00	0		0HYPERBARIC OXYGEN THERAPY	76.98	0	77,849	36.00
37.00		0.00	0		0EMERGENCY	91.00	0	251,382	37.00
38.00		0.00	0		0CIVIL OUT	91.01	0	3,897	38.00
39.00		0.00	0		0NUTRITION COUNSELING	91.03	0	356	39.00
40.00		0.00	0		0COMMUNITY WELLNESS	194.02	0	782	40.00
0			0	6,911,278	0		0	6,911,278	
N - RECLASS OP PROCEDURE COSTS									
1.00	OUTPATIENT PROCEDURES	90.01	145,151	52,444	ADULTS & PEDIATRICS	30.00	145,151	52,444	1.00
0			145,151	52,444	0		145,151	52,444	
500.00	Grand Total:		701,896	21,827,272	Grand Total:		650,496	21,878,672	500.00
	Increases				Decreases				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0217

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

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2017 12:48 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,549,055	0	0	0	1.00
2.00	Land Improvements	1,671,230	59,263	0	59,263	2.00
3.00	Buildings and Fixtures	43,936,189	1,915,110	0	1,915,110	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	1,081,390	0	0	0	5.00
6.00	Movable Equipment	15,745,430	748,123	0	748,123	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	64,983,294	2,722,496	0	2,722,496	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	64,983,294	2,722,496	0	2,722,496	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,549,055	0			1.00
2.00	Land Improvements	1,730,493	0			2.00
3.00	Buildings and Fixtures	45,774,150	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	556,799	0			5.00
6.00	Movable Equipment	16,420,677	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	67,031,174	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	67,031,174	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0217

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

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	1,959,173	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,959,173	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	1,959,173				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,959,173				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0217

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

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	49,237,864	0	49,237,864	0.757700	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,745,430	0	15,745,430	0.242300	0	2.00
3.00	Total (sum of lines 1-2)	64,983,294	0	64,983,294	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,007,275	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,195,285	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,202,560	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,459,259	0	0	0	6,466,534	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,195,285	2.00
3.00	Total (sum of lines 1-2)	1,459,259	0	0	0	8,661,819	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0217

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

Worksheet A-8

Date/Time Prepared:
5/25/2017 12:48 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	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-188,700	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-21,325	COMMUNICATIONS	5.01	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	-6,151,347			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	-2,268,355			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-509,984	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-7,674	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-2,625	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 HOME OFFICE INTEREST INCOME	B	-3,031	CAP REL COSTS-BLDG & FIXT	1.00	11	33.00
34.01		0		0.00	0	34.01

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
34.02		0			0.00	0	34.02
34.03	MISC REVENUE	-1,300	NURSING ADMINISTRATION		13.00	0	34.03
34.05		0			0.00	0	34.05
34.06	MISC REVENUE	-1,681	PHARMACY		15.00	0	34.06
34.07		0			0.00	0	34.07
34.08		0			0.00	0	34.08
34.10	MISC REVENUE	-27,015	NUTRITION COUNSELING		91.03	0	34.10
35.00	SISTERS MEALS	-42,768	CAFETERIA		11.00	0	35.00
35.10		0			0.00	0	35.10
36.00	EMS	-92,056	PARAMED ED PRGM-AMBULANCE		23.00	0	36.00
37.00		0			0.00	0	37.00
38.00	EMPLOYEE ASSISTANCE PROGRAM	-88,440	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	38.00
39.00	PSYCH EDUCATION	-36,685	ADULTS & PEDIATRICS		30.00	0	39.00
40.00		0			0.00	0	40.00
41.00	RENT	-65,076	CVILLE OUT		91.01	0	41.00
42.00	MISC REVENUE	-100	RADIOLOGY-DIAGNOSTIC		54.00	0	42.00
43.00	MISC REVENUE	-231	OTHER ADMIN AND GENERAL		5.05	0	43.00
44.00	LOBBYING EXPENSE	-37,836	OTHER ADMIN AND GENERAL		5.05	0	44.00
45.00		0			0.00	0	45.00
46.00	FAS 87 REV NEGATIVE EXP	19,332	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	46.00
47.00	ADD BACK DEPRECIATION ON IMPAIR	2,866,109	CAP REL COSTS-BLDG & FIXT		1.00	9	47.00
48.00	ADD BACK DEPRECIATION ON IMPAIR	791,187	CAP REL COSTS-MVBLE EQUIP		2.00	9	48.00
49.00	PENSION 3 EAR ADD BACK AND 10 YR AVE	1,196,492	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	49.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-4,673,109					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: 14-0217
 Period: From 01/01/2016 To 12/31/2016
 Worksheet A-8-1
 Date/Time Prepared: 5/25/2017 12:48 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL-BLDG & FIXTURES	202,519	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	761,601	0	2.00
3.00	5.05	OTHER ADMIN AND GENERAL	A&G	11,892,031	16,160,775	3.00
3.01	5.02	PURCHASING RECEIVING AND STO	PURCHASING	45,301	0	3.01
3.02	5.04	CASHIERING/ACCOUNTS RECEIVAB	PATIENT ACCOUNTING	282,325	0	3.02
3.03	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES	138,442	0	3.03
3.04	31.00	INTENSIVE CARE UNIT	ICU	456,999	0	3.04
3.05	60.00	LABORATORY	LAB	4,524,926	4,411,724	3.05
3.06	0.00			0	0	3.06
4.00	0.00			0	0	4.00
4.02	0.00			0	0	4.02
4.03	0.00			0	0	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			18,304,144	20,572,499	5.00

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

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

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

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

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

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

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

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

Provider CCN: 14-0217

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2017 12:48 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	202,519	9		1.00
2.00	761,601	0		2.00
3.00	-4,268,744	0		3.00
3.01	45,301	0		3.01
3.02	282,325	0		3.02
3.03	138,442	9		3.03
3.04	456,999	0		3.04
3.05	113,202	0		3.05
3.06	0	0		3.06
4.00	0	0		4.00
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
5.00	-2,268,355			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	HOME OFFICE		6.00
7.00	LABORATORY		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0217

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2017 12:48 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	5.05	AGGREGATE-OTHER ADMIN AND GENERAL	2,688,151	2,498,877	189,274	211,500	1,514	1.00
2.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	21,600	5,400	16,200	211,500	108	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	58,500	4,500	54,000	181,300	360	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	450,000	450,000	0	211,500	0	4.00
5.00	41.00	AGGREGATE-SUBPROVIDER - IRF	92,225	15,425	76,800	211,500	960	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	186,097	178,847	7,250	246,400	58	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	851,029	851,029	0	239,400	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	144,482	72,106	72,376	271,900	497	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	236,770	123,611	113,159	211,500	832	9.00
10.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	32,243	0	32,243	211,500	215	10.00
11.00	60.00	AGGREGATE-LABORATORY	58,500	0	58,500	260,300	390	11.00
12.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	15,000	0	15,000	211,500	100	12.00
13.00	76.03	AGGREGATE-OCCUPATIONAL HEALTH	7,918	7,918	0	0	0	13.00
14.00	76.98	AGGREGATE-HYPERBARIC OXYGEN THERAPY	3,000	0	3,000	211,500	23	14.00
15.00	91.00	AGGREGATE-EMERGENCY	1,842,959	1,810,559	32,400	211,500	240	15.00
200.00			6,688,474	6,018,272	670,202		5,297	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	5.05	AGGREGATE-OTHER ADMIN AND GENERAL	153,948	7,697	0	0	0	1.00
2.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	10,982	549	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	31,379	1,569	0	0	0	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	41.00	AGGREGATE-SUBPROVIDER - IRF	97,615	4,881	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	6,871	344	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	64,968	3,248	0	0	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	84,600	4,230	0	0	0	9.00
10.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	21,862	1,093	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	48,806	2,440	0	0	0	11.00
12.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	10,168	508	0	0	0	12.00
13.00	76.03	AGGREGATE-OCCUPATIONAL HEALTH	0	0	0	0	0	13.00
14.00	76.98	AGGREGATE-HYPERBARIC OXYGEN THERAPY	2,339	117	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	24,404	1,220	0	0	0	15.00
200.00			557,942	27,896	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	5.05	AGGREGATE-OTHER ADMIN AND GENERAL	0	153,948	35,326	2,534,203		1.00
2.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	10,982	5,218	10,618		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	31,379	22,621	27,121		3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	450,000		4.00
5.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	97,615	0	15,425		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	6,871	379	179,226		6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	851,029		7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	64,968	7,408	79,514		8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	84,600	28,559	152,170		9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0217

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

Worksheet A-8-2
Date/Time Prepared:
5/25/2017 12:48 pm

	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		
10.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	21,862	10,381	10,381		10.00
11.00	60.00	AGGREGATE-LABORATORY	0	48,806	9,694	9,694		11.00
12.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	10,168	4,832	4,832		12.00
13.00	76.03	AGGREGATE-OCCUPATIONAL HEALTH	0	0	0	7,918		13.00
14.00	76.98	AGGREGATE-HYPERBARIC OXYGEN THERAPY	0	2,339	661	661		14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	24,404	7,996	1,818,555		15.00
200.00			0	557,942	133,075	6,151,347		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0217

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	6,466,534	6,466,534			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,195,285		2,195,285		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,254,804	8,801	2,988	2,266,593	4.00
5.01 01160	COMMUNICATIONS	336,674	53,259	18,080	9,037	417,050 5.01
5.02 00560	PURCHASING RECEIVING AND STORES	129	49,897	16,939	0	6,516 5.02
5.03 00570	ADMITTING	1,115,973	7,651	2,597	49,146	11,585 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	300,281	0	0	458	15,205 5.04
5.05 00590	OTHER ADMIN AND GENERAL	26,217,281	321,445	109,126	122,168	65,167 5.05
6.00 00600	MAINTENANCE & REPAIRS	2,725,680	672,365	228,257	1,488	724 6.00
7.00 00700	OPERATION OF PLANT	4,638,990	2,287,948	776,724	71,242	14,481 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	245,855	20,017	6,795	0	724 8.00
9.00 00900	HOUSEKEEPING	1,590,446	26,731	9,075	60,079	1,448 9.00
10.00 01000	DIETARY	1,518,084	191,849	65,130	53,119	9,413 10.00
11.00 01100	CAFETERIA	698,131	0	0	0	1,448 11.00
13.00 01300	NURSING ADMINISTRATION	3,062,487	15,979	5,424	137,114	15,205 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	214,540	74,560	25,312	19,669	3,620 14.00
15.00 01500	PHARMACY	11,358,193	25,407	8,625	112,770	5,068 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,455,163	66,445	22,557	26,825	14,481 16.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	303,357	0	0	12,040	3,620 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,615,747	641,722	217,854	389,112	61,544 30.00
31.00 03100	INTENSIVE CARE UNIT	3,113,625	118,236	40,139	106,553	5,068 31.00
40.00 04000	SUBPROVIDER - I PF	2,443,951	159,476	54,140	109,859	0 40.00
41.00 04100	SUBPROVIDER - I RF	8,221,035	288,686	98,004	205,811	9,413 41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,253,819	199,722	67,803	105,440	22,445 50.00
51.00 05100	RECOVERY ROOM	2,503,853	120,187	40,802	113,962	4,344 51.00
53.00 05300	ANESTHESIOLOGY	131,131	3,710	1,259	3,953	2,172 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,716,411	209,895	71,256	114,606	25,342 54.00
54.01 03650	VASCULAR LAB	470,186	15,418	5,234	21,669	724 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	2,283,542	298,830	101,448	62,624	22,445 55.00
57.00 05700	CT SCAN	618,813	15,563	5,283	25,000	0 57.00
58.00 05800	MRI	414,786	17,688	6,005	11,541	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,390,108	43,047	14,614	43,623	0 59.00
60.00 06000	LABORATORY	5,265,789	65,924	22,380	5,542	14,481 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	431,539	10,646	3,614	0	724 62.00
65.00 06500	RESPIRATORY THERAPY	1,180,310	15,283	5,188	51,034	5,068 65.00
66.00 06600	PHYSICAL THERAPY	2,335,643	0	0	43	6,516 66.00
67.00 06700	OCCUPATIONAL THERAPY	6,868	84,172	28,575	0	724 67.00
68.00 06800	SPEECH PATHOLOGY	252	0	0	0	724 68.00
69.00 06900	ELECTROCARDIOLOGY	787,232	75,652	25,683	35,486	5,068 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,911,278	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,775,049	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	688,156	5,864	1,991	0	0 74.00
76.00 03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0 76.00
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	450,625	25,185	8,550	18,427	12,309 76.02
76.03 03951	OCCUPATIONAL HEALTH	8,803	0	0	17	0 76.03
76.97 07697	CARDIAC REHABILITATION	287,938	7,468	2,535	11,338	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	754,163	0	0	4,994	0 76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OUTPATIENT PROCEDURES	197,595	0	0	0	0 90.01
91.00 09100	EMERGENCY	3,419,920	201,645	68,455	130,651	23,169 91.00
91.01 09101	C'VILLE OUT	237,560	0	0	1,558	724 91.01
91.02 09102	LAKE HILL OUT	0	0	0	0	0 91.02
91.03 09103	NUTRITION COUNSELING	145,539	0	0	9,991	0 91.03
91.04 09104	HUNTLEY OP	96	0	0	0	0 91.04
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	134,759,249	6,446,373	2,188,441	2,257,989	391,709 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,616	4,962	0	1,448 190.00
194.00 07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0 194.00
194.01 07951	MOB	84,253	0	0	82	20,997 194.01
194.02 07952	COMMUNITY WELLNESS	147,868	0	0	7,365	0 194.02
194.03 07953	FUND DEVELOPMENT	25,078	5,545	1,882	1,157	2,896 194.03
194.04 07954	PHYSICIAN PRACTICE MANAGEMENT	51,087	0	0	0	0 194.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0217

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
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)	135,067,535	6,466,534	2,195,285	2,266,593	417,050	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/25/2017 12:48 pm
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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	73,481					5.02
5.03	00570	ADMINISTRATIVE	88	1,187,040				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	315,944			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	133	0	0	26,835,320	26,835,320	5.05
6.00	00600	MAINTENANCE & REPAIRS	4	0	0	3,628,518	899,662	6.00
7.00	00700	OPERATION OF PLANT	1,111	0	0	7,790,496	1,931,591	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	273,391	67,785	8.00
9.00	00900	HOUSEKEEPING	335	0	0	1,688,114	418,554	9.00
10.00	01000	DIETARY	3,171	0	0	1,840,766	456,403	10.00
11.00	01100	CAFETERIA	0	0	0	699,579	173,455	11.00
13.00	01300	NURSING ADMINISTRATION	17	0	0	3,236,226	802,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	337,701	83,730	14.00
15.00	01500	PHARMACY	177	0	0	11,510,240	2,853,878	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	93	0	0	1,585,564	393,128	16.00
23.00	02300	PARAMED PRGM-AMBULANCE	41	0	0	319,058	79,108	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	269	119,339	31,761	10,077,348	2,498,598	30.00
31.00	03100	INTENSIVE CARE UNIT	88	33,610	8,945	3,426,264	849,515	31.00
40.00	04000	SUBPROVIDER - IPF	79	25,277	6,727	2,799,509	694,116	40.00
41.00	04100	SUBPROVIDER - IRF	141	58,093	15,461	8,896,644	2,205,852	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,748	226,744	60,371	3,938,092	976,418	50.00
51.00	05100	RECOVERY ROOM	59	54,074	14,391	2,851,672	707,049	51.00
53.00	05300	ANESTHESIOLOGY	31	24,999	6,653	173,908	43,119	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	411	49,031	13,049	3,200,001	793,415	54.00
54.01	03650	VASCULAR LAB	35	14,977	3,986	532,229	131,962	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	92	32,775	8,723	2,810,479	696,836	55.00
57.00	05700	CT SCAN	13	84,597	22,515	771,784	191,358	57.00
58.00	05800	MRI	2	23,287	6,197	479,506	118,890	58.00
59.00	05900	CARDIAC CATHETERIZATION	178	57,781	15,378	1,564,729	387,962	59.00
60.00	06000	LABORATORY	43	90,338	24,043	5,488,540	1,360,840	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,731	2,482	660	451,396	111,920	62.00
65.00	06500	RESPIRATORY THERAPY	38	19,932	5,305	1,282,158	317,901	65.00
66.00	06600	PHYSICAL THERAPY	42	26,955	7,174	2,376,373	589,203	66.00
67.00	06700	OCCUPATIONAL THERAPY	25	12,838	3,417	136,619	33,874	67.00
68.00	06800	SPEECH PATHOLOGY	1	4,912	1,307	7,196	1,784	68.00
69.00	06900	ELECTROCARDIOLOGY	40	24,015	6,391	959,567	237,917	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,728	6,111	1,626	6,946,743	1,722,389	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,200	0	0	8,810,249	2,184,431	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	78,329	20,846	99,175	24,590	73.00
74.00	07400	RENAL DIALYSIS	1	5,023	1,337	702,372	174,148	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	10,324	2,748	528,168	130,955	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	8,820	2,187	76.03
76.97	07697	CARDIAC REHABILITATION	28	2,145	571	312,023	77,364	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	25	10,008	2,664	771,854	191,375	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	197,595	48,992	90.01
91.00	09100	EMERGENCY	120	87,917	23,398	3,955,275	980,679	91.00
91.01	09101	CIVILLE OUT	127	685	182	240,836	59,713	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	7	442	118	156,097	38,703	91.03
91.04	09104	HUNTLEY OP	0	0	0	96	24	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	73,472	1,187,040	315,944	134,698,290	26,743,769	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	21,026	5,213	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	105,332	26,116	194.01
194.02	07952	COMMUNITY WELLNESS	1	0	0	155,234	38,489	194.02
194.03	07953	FUND DEVELOPMENT	8	0	0	36,566	9,066	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	51,087	12,667	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	73,481	1,187,040	315,944	135,067,535	26,835,320	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/25/2017 12:48 pm	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMINISTRATIVE					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMIN AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS	4,528,180				6.00
7.00	00700	OPERATION OF PLANT	1,935,365	11,657,452			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,932	76,127	434,235		8.00
9.00	00900	HOUSEKEEPING	22,611	101,662	0	2,230,941	9.00
10.00	01000	DIETARY	162,284	729,640	0	141,797	3,330,890
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	13,516	60,770	0	11,810	0
14.00	01400	CENTRAL SERVICES & SUPPLY	63,070	283,567	0	55,108	0
15.00	01500	PHARMACY	21,492	96,629	0	18,779	0
16.00	01600	MEDICAL RECORDS & LIBRARY	56,206	252,705	0	49,110	0
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	542,830	2,440,596	191,207	474,303	1,954,935
31.00	03100	INTENSIVE CARE UNIT	100,015	449,674	28,299	87,389	97,560
40.00	04000	SUBPROVIDER - IPF	134,900	606,521	67,030	117,870	0
41.00	04100	SUBPROVIDER - IRF	244,199	1,097,932	147,699	213,371	1,122,319
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	168,944	759,584	0	147,616	0
51.00	05100	RECOVERY ROOM	101,666	457,095	0	88,831	8,807
53.00	05300	ANESTHESIOLOGY	3,138	14,109	0	2,742	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	177,549	798,272	0	155,135	0
54.01	03650	VASCULAR LAB	13,042	58,639	0	11,396	11,996
55.00	05500	RADIOLOGY-THERAPEUTIC	252,779	1,136,510	0	220,868	27,311
57.00	05700	CT SCAN	13,165	59,190	0	11,503	0
58.00	05800	MRI	14,963	67,273	0	13,074	0
59.00	05900	CARDIAC CATHETERIZATION	36,414	163,718	0	31,817	0
60.00	06000	LABORATORY	55,765	250,721	0	48,725	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	9,005	40,489	0	7,868	0
65.00	06500	RESPIRATORY THERAPY	12,928	58,124	0	11,296	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	71,201	320,125	0	62,213	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	63,994	287,719	0	55,915	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	4,960	22,302	0	4,334	0
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,304	95,784	0	18,614	52,243
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	6,317	28,401	0	5,519	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0
91.00	09100	EMERGENCY	170,571	766,896	0	149,037	55,719
91.01	09101	CIVILLE OUT	0	0	0	0	0
91.02	09102	LAKE HILL OUT	0	0	0	0	0
91.03	09103	NUTRITION COUNSELING	0	0	0	0	0
91.04	09104	HUNTLEY OP	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,511,125	11,580,774	434,235	2,216,040	3,330,890
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,364	55,589	0	10,803	0
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0
194.01	07951	MOB	0	0	0	0	0
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	0
194.03	07953	FUND DEVELOPMENT	4,691	21,089	0	4,098	0
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	4,528,180	11,657,452	434,235	2,230,941	3,330,890

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0217

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	873,034					11.00
13.00	01300	NURSING ADMINISTRATION	56,018	4,180,736				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,887	97,852	936,915			14.00
15.00	01500	PHARMACY	39,714	244,609	0	14,785,341		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,679	0	0	0	2,348,392	16.00
23.00	02300	PARAMED PRGM-AMBULANCE	7,760	47,795	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	196,427	1,209,835	0	166,627	236,163	30.00
31.00	03100	INTENSIVE CARE UNIT	43,786	269,691	0	65,182	66,512	31.00
40.00	04000	SUBPROVIDER - I PF	53,211	327,740	0	0	50,022	40.00
41.00	04100	SUBPROVIDER - I RF	107,561	662,496	0	16,674	114,961	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,934	289,082	0	131,192	448,042	50.00
51.00	05100	RECOVERY ROOM	49,027	301,970	0	135,866	107,008	51.00
53.00	05300	ANESTHESIOLOGY	1,713	10,553	0	26,241	49,471	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,933	83,046	0	51,876	97,028	54.00
54.01	03650	VASCULAR LAB	7,827	12,053	0	25,191	29,638	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	25,729	39,617	0	35,809	64,859	55.00
57.00	05700	CT SCAN	11,492	17,699	0	136,141	167,410	57.00
58.00	05800	MRI	3,914	6,029	0	42,220	46,082	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,424	23,751	0	0	114,344	59.00
60.00	06000	LABORATORY	2,009	3,096	0	115,142	178,773	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	4,911	62.00
65.00	06500	RESPIRATORY THERAPY	25,810	39,741	0	11,543	39,445	65.00
66.00	06600	PHYSICAL THERAPY	16	23	0	24	53,342	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	25,405	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	9,720	68.00
69.00	06900	ELECTROCARDIOLOGY	14,760	22,730	0	3,993	47,523	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	401,505	0	12,094	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	535,410	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,634,402	155,007	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	21,569	9,941	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,755	53,926	0	0	20,430	76.02
76.03	03951	OCCUPATIONAL HEALTH	7	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	4,526	6,971	0	0	4,245	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,039	0	0	4,412	19,806	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	4,087	25,172	0	0	0	90.01
91.00	09100	EMERGENCY	58,836	362,388	0	161,227	173,980	91.00
91.01	09101	CIVILLE OUT	0	0	0	10	1,355	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	3,658	22,533	0	0	875	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	872,539	4,180,398	936,915	14,785,341	2,348,392	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	55	338	0	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	0	194.02
194.03	07953	FUND DEVELOPMENT	440	0	0	0	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
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)	873,034	4,180,736	936,915	14,785,341	2,348,392	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0217

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM-AMBULANCE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	01160					5.01
5.02	00560					5.02
5.03	00570					5.03
5.04	00580					5.04
5.05	00590					5.05
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
23.00	02300	453,721				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	13,424	20,002,293	0	20,002,293	30.00
31.00	03100	51,010	5,534,897	0	5,534,897	31.00
40.00	04000	0	4,850,919	0	4,850,919	40.00
41.00	04100	0	14,829,708	0	14,829,708	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	13,424	6,919,328	0	6,919,328	50.00
51.00	05100	0	4,808,991	0	4,808,991	51.00
53.00	05300	32,217	357,211	0	357,211	53.00
54.00	05400	0	5,410,255	0	5,410,255	54.00
54.01	03650	0	833,973	0	833,973	54.01
55.00	05500	0	5,310,797	0	5,310,797	55.00
57.00	05700	0	1,379,742	0	1,379,742	57.00
58.00	05800	0	791,951	0	791,951	58.00
59.00	05900	6,712	2,344,871	0	2,344,871	59.00
60.00	06000	0	7,503,611	0	7,503,611	60.00
62.00	06200	0	625,589	0	625,589	62.00
65.00	06500	6,712	1,805,658	0	1,805,658	65.00
66.00	06600	0	3,018,981	0	3,018,981	66.00
67.00	06700	0	649,437	0	649,437	67.00
68.00	06800	0	18,700	0	18,700	68.00
69.00	06900	0	1,694,118	0	1,694,118	69.00
71.00	07100	0	9,082,731	0	9,082,731	71.00
72.00	07200	0	11,530,090	0	11,530,090	72.00
73.00	07300	0	13,913,174	0	13,913,174	73.00
74.00	07400	0	939,626	0	939,626	74.00
76.00	03950	0	0	0	0	76.00
76.02	03550	0	930,179	0	930,179	76.02
76.03	03951	0	11,014	0	11,014	76.03
76.97	07697	0	445,366	0	445,366	76.97
76.98	07698	0	989,486	0	989,486	76.98
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	0	275,846	0	275,846	90.01
91.00	09100	318,141	7,152,749	0	7,152,749	91.00
91.01	09101	0	301,914	0	301,914	91.01
91.02	09102	0	0	0	0	91.02
91.03	09103	0	221,866	0	221,866	91.03
91.04	09104	0	120	0	120	91.04
92.00	09200	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	0	0	0	0	113.00
118.00		441,640	134,485,191	0	134,485,191	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	104,995	0	104,995	190.00
194.00	07950	0	0	0	0	194.00
194.01	07951	0	131,841	0	131,841	194.01
194.02	07952	12,081	205,804	0	205,804	194.02
194.03	07953	0	75,950	0	75,950	194.03
194.04	07954	0	63,754	0	63,754	194.04
200.00		0	0	0	0	200.00
201.00		0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0217

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description		PARAMED ED PRGM-AMBULANCE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00	TOTAL (sum lines 118-201)	453,721	135,067,535	25.00	135,067,535		202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0217

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

Worksheet Non-CMS W
Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.01	COMMUNICATIONS	5	NUMBER PHONES	5.01
5.02	PURCHASING RECEIVING AND STORES	6	PURCH REQUIS \$	5.02
5.03	ADMINISTRATIVE	7	GROSS CHARGES	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS CHARGES	5.04
5.05	OTHER ADMIN AND GENERAL	-1	ACCUM COST	5.05
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	P	TOTAL PATIENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	HOURS	11.00
13.00	NURSING ADMINISTRATION	12	DIRECT NRSNG HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED REQUIS.	14.00
15.00	PHARMACY	14	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	7	GROSS CHARGES	16.00
23.00	PARAMEDICAL PRGM-AMBULANCE	16	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 12:48 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	2A
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	193	8,801	2,988	11,982	11,982	4.00
5.01	01160	COMMUNICATIONS	0	53,259	18,080	71,339	48	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	49,897	16,939	66,836	0	5.02
5.03	00570	ADMITTING	96	7,651	2,597	10,344	259	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	2	5.04
5.05	00590	OTHER ADMIN AND GENERAL	122,845	321,445	109,126	553,416	645	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	672,365	228,257	900,622	8	6.00
7.00	00700	OPERATION OF PLANT	292	2,287,948	776,724	3,064,964	376	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	20,017	6,795	26,812	0	8.00
9.00	00900	HOUSEKEEPING	96	26,731	9,075	35,902	317	9.00
10.00	01000	DIETARY	2,600	191,849	65,130	259,579	280	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	96	15,979	5,424	21,499	724	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	62,610	74,560	25,312	162,482	104	14.00
15.00	01500	PHARMACY	412,834	25,407	8,625	446,866	595	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	289	66,445	22,557	89,291	142	16.00
23.00	02300	PARAMED PRGM-AMBULANCE	0	0	0	0	64	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	289	641,722	217,854	859,865	2,073	30.00
31.00	03100	INTENSIVE CARE UNIT	289	118,236	40,139	158,664	562	31.00
40.00	04000	SUBPROVIDER - IPF	96	159,476	54,140	213,712	580	40.00
41.00	04100	SUBPROVIDER - IRF	3,856	288,686	98,004	390,546	1,086	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	241,649	199,722	67,803	509,174	557	50.00
51.00	05100	RECOVERY ROOM	289	120,187	40,802	161,278	602	51.00
53.00	05300	ANESTHESIOLOGY	0	3,710	1,259	4,969	21	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	209,895	71,256	281,151	605	54.00
54.01	03650	VASCULAR LAB	0	15,418	5,234	20,652	114	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	289	298,830	101,448	400,567	331	55.00
57.00	05700	CT SCAN	2,500	15,563	5,283	23,346	132	57.00
58.00	05800	MRI	96	17,688	6,005	23,789	61	58.00
59.00	05900	CARDIAC CATHETERIZATION	52,831	43,047	14,614	110,492	230	59.00
60.00	06000	LABORATORY	193	65,924	22,380	88,497	29	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,646	3,614	14,260	0	62.00
65.00	06500	RESPIRATORY THERAPY	23,973	15,283	5,188	44,444	269	65.00
66.00	06600	PHYSICAL THERAPY	56,149	0	0	56,149	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	84,172	28,575	112,747	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	289	75,652	25,683	101,624	187	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,030	5,864	1,991	9,885	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	96	25,185	8,550	33,831	97	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	48,537	7,468	2,535	58,540	60	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	91,552	0	0	91,552	26	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,182	201,645	68,455	273,282	690	91.00
91.01	09101	CIVILLE OUT	96	0	0	96	8	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	53	91.03
91.04	09104	HUNTLEY OP	96	0	0	96	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,130,328	6,446,373	2,188,441	9,765,142	11,937	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,616	4,962	19,578	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	193	0	0	193	0	194.01
194.02	07952	COMMUNITY WELLNESS	96	0	0	96	39	194.02
194.03	07953	FUND DEVELOPMENT	0	5,545	1,882	7,427	6	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments				0		200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 12:48 pm	
Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,130,617	6,466,534	2,195,285	9,792,436	11,982	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 12:48 pm	
Cost Center Description			COMMUNICATIONS	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	71,387					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	1,115	67,951				5.02
5.03	00570	ADMINING	1,983	82	12,668			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,603	0	0	2,605		5.04
5.05	00590	OTHER ADMIN AND GENERAL	11,149	123	0	0	565,333	5.05
6.00	00600	MAINTENANCE & REPAIRS	124	4	0	0	18,952	6.00
7.00	00700	OPERATION OF PLANT	2,479	1,027	0	0	40,690	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	124	0	0	0	1,428	8.00
9.00	00900	HOUSEKEEPING	248	310	0	0	8,817	9.00
10.00	01000	DIETARY	1,611	2,933	0	0	9,614	10.00
11.00	01100	CAFETERIA	248	0	0	0	3,654	11.00
13.00	01300	NURSING ADMINISTRATION	2,603	16	0	0	16,903	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	620	0	0	0	1,764	14.00
15.00	01500	PHARMACY	868	164	0	0	60,152	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,479	86	0	0	8,281	16.00
23.00	02300	PARAMED PRGM-AMBULANCE	620	38	0	0	1,666	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,535	249	1,258	236	52,634	30.00
31.00	03100	INTENSIVE CARE UNIT	868	82	354	66	17,895	31.00
40.00	04000	SUBPROVIDER - IPF	0	73	266	50	14,622	40.00
41.00	04100	SUBPROVIDER - IRF	1,611	131	612	115	46,467	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,842	1,617	2,548	708	20,569	50.00
51.00	05100	RECOVERY ROOM	744	55	570	107	14,894	51.00
53.00	05300	ANESTHESIOLOGY	372	29	263	49	908	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,338	380	517	97	16,714	54.00
54.01	03650	VASCULAR LAB	124	32	158	30	2,780	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,842	85	345	65	14,679	55.00
57.00	05700	CT SCAN	0	12	892	167	4,031	57.00
58.00	05800	MRI	0	2	245	46	2,504	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	165	609	114	8,173	59.00
60.00	06000	LABORATORY	2,479	40	952	179	28,667	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	124	1,601	26	5	2,358	62.00
65.00	06500	RESPIRATORY THERAPY	868	36	210	39	6,697	65.00
66.00	06600	PHYSICAL THERAPY	1,115	39	284	53	12,412	66.00
67.00	06700	OCCUPATIONAL THERAPY	124	23	135	25	714	67.00
68.00	06800	SPEECH PATHOLOGY	124	1	52	10	38	68.00
69.00	06900	ELECTROCARDIOLOGY	868	37	253	47	5,012	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	25,641	64	12	36,283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,545	0	0	46,016	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	826	155	518	73.00
74.00	07400	RENAL DIALYSIS	0	1	53	10	3,668	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,107	0	109	20	2,759	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	46	76.03
76.97	07697	CARDIAC REHABILITATION	0	26	23	4	1,630	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	23	105	20	4,031	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	1,032	90.01
91.00	09100	EMERGENCY	3,966	111	927	174	20,658	91.00
91.01	09101	CIVILLE OUT	124	117	7	1	1,258	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	6	5	1	815	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	1	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	67,049	67,942	12,668	2,605	563,404	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	248	0	0	0	110	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	3,594	0	0	0	550	194.01
194.02	07952	COMMUNITY WELLNESS	0	1	0	0	811	194.02
194.03	07953	FUND DEVELOPMENT	496	8	0	0	191	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	267	194.04
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)	71,387	67,951	12,668	2,605	565,333	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 12:48 pm	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600	919,710					6.00
7.00	00700	393,089	3,502,625				7.00
8.00	00800	3,439	22,873	54,676			8.00
9.00	00900	4,593	30,546	0	80,733		9.00
10.00	01000	32,961	219,229	0	5,131	531,338	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	2,745	18,259	0	427	0	13.00
14.00	01400	12,810	85,201	0	1,994	0	14.00
15.00	01500	4,365	29,033	0	680	0	15.00
16.00	01600	11,416	75,928	0	1,777	0	16.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	110,253	733,310	24,076	17,167	311,847	30.00
31.00	03100	20,314	135,110	3,563	3,162	15,563	31.00
40.00	04000	27,399	182,237	8,440	4,265	0	40.00
41.00	04100	49,599	329,887	18,597	7,721	179,030	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	34,314	228,226	0	5,342	0	50.00
51.00	05100	20,649	137,340	0	3,215	1,405	51.00
53.00	05300	637	4,239	0	99	0	53.00
54.00	05400	36,062	239,851	0	5,614	0	54.00
54.01	03650	2,649	17,619	0	412	1,914	54.01
55.00	05500	51,341	341,479	0	7,993	4,357	55.00
57.00	05700	2,674	17,784	0	416	0	57.00
58.00	05800	3,039	20,213	0	473	0	58.00
59.00	05900	7,396	49,191	0	1,151	0	59.00
60.00	06000	11,326	75,332	0	1,763	0	60.00
62.00	06200	1,829	12,165	0	285	0	62.00
65.00	06500	2,626	17,464	0	409	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	14,462	96,185	0	2,251	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	12,998	86,449	0	2,023	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	1,007	6,701	0	157	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.02	03550	4,327	28,779	0	674	8,334	76.02
76.03	03951	0	0	0	0	0	76.03
76.97	07697	1,283	8,533	0	200	0	76.97
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
91.00	09100	34,644	230,423	0	5,393	8,888	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	0	0	0	0	0	91.03
91.04	09104	0	0	0	0	0	91.04
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		916,246	3,479,586	54,676	80,194	531,338	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	2,511	16,702	0	391	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	953	6,337	0	148	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		919,710	3,502,625	54,676	80,733	531,338	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 12:48 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,902					11.00
13.00	01300	250	63,426				13.00
14.00	01400	71	1,485	266,531			14.00
15.00	01500	178	3,711	0	546,612		15.00
16.00	01600	52	0	0	0	189,452	16.00
23.00	02300	35	725	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	879	18,354	0	6,160	19,025	30.00
31.00	03100	196	4,091	0	2,410	5,358	31.00
40.00	04000	238	4,972	0	0	4,030	40.00
41.00	04100	481	10,051	0	616	9,261	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	210	4,386	0	4,850	36,360	50.00
51.00	05100	219	4,581	0	5,023	8,621	51.00
53.00	05300	8	160	0	970	3,985	53.00
54.00	05400	241	1,260	0	1,918	7,817	54.00
54.01	03650	35	183	0	931	2,388	54.01
55.00	05500	115	601	0	1,324	5,225	55.00
57.00	05700	51	269	0	5,033	13,486	57.00
58.00	05800	17	91	0	1,561	3,712	58.00
59.00	05900	69	360	0	0	9,211	59.00
60.00	06000	9	47	0	4,257	14,402	60.00
62.00	06200	0	0	0	0	396	62.00
65.00	06500	115	603	0	427	3,178	65.00
66.00	06600	0	0	0	1	4,297	66.00
67.00	06700	0	0	0	0	2,047	67.00
68.00	06800	0	0	0	0	783	68.00
69.00	06900	66	345	0	148	3,828	69.00
71.00	07100	0	0	114,218	0	974	71.00
72.00	07200	0	0	152,313	0	0	72.00
73.00	07300	0	0	0	504,062	12,487	73.00
74.00	07400	0	0	0	797	801	74.00
76.00	03950	0	0	0	0	0	76.00
76.02	03550	39	818	0	0	1,646	76.02
76.03	03951	0	0	0	0	0	76.03
76.97	07697	20	106	0	0	342	76.97
76.98	07698	9	0	0	163	1,596	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	18	382	0	0	0	90.01
91.00	09100	263	5,498	0	5,961	14,016	91.00
91.01	09101	0	0	0	0	109	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	16	342	0	0	71	91.03
91.04	09104	0	0	0	0	0	91.04
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		3,900	63,421	266,531	546,612	189,452	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	5	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	2	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		3,902	63,426	266,531	546,612	189,452	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 12:48 pm
Cost Center Description			PARAMED ED PRGM-AMBULANCE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00570	ADMINISTRATIVE				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00590	OTHER ADMIN AND GENERAL				5.05
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	3,148			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		2,167,921	0	2,167,921
31.00	03100	INTENSIVE CARE UNIT		368,258	0	368,258
40.00	04000	SUBPROVIDER - I/PF		460,884	0	460,884
41.00	04100	SUBPROVIDER - I/RF		1,045,811	0	1,045,811
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		852,703	0	852,703
51.00	05100	RECOVERY ROOM		359,303	0	359,303
53.00	05300	ANESTHESIOLOGY		16,709	0	16,709
54.00	05400	RADIOLOGY-DIAGNOSTIC		596,565	0	596,565
54.01	03650	VASCULAR LAB		50,021	0	50,021
55.00	05500	RADIOLOGY-THERAPEUTIC		832,349	0	832,349
57.00	05700	CT SCAN		68,293	0	68,293
58.00	05800	MRI		55,753	0	55,753
59.00	05900	CARDIAC CATHETERIZATION		187,161	0	187,161
60.00	06000	LABORATORY		227,979	0	227,979
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		33,049	0	33,049
65.00	06500	RESPIRATORY THERAPY		77,385	0	77,385
66.00	06600	PHYSICAL THERAPY		74,350	0	74,350
67.00	06700	OCCUPATIONAL THERAPY		228,713	0	228,713
68.00	06800	SPEECH PATHOLOGY		1,008	0	1,008
69.00	06900	ELECTROCARDIOLOGY		213,885	0	213,885
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		177,192	0	177,192
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		230,874	0	230,874
73.00	07300	DRUGS CHARGED TO PATIENTS		518,048	0	518,048
74.00	07400	RENAL DIALYSIS		23,080	0	23,080
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER		0	0	0
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		83,540	0	83,540
76.03	03951	OCCUPATIONAL HEALTH		46	0	46
76.97	07697	CARDIAC REHABILITATION		70,767	0	70,767
76.98	07698	HYPERBARIC OXYGEN THERAPY		97,525	0	97,525
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OUTPATIENT PROCEDURES		1,432	0	1,432
91.00	09100	EMERGENCY		604,894	0	604,894
91.01	09101	CIVILLE OUT		1,720	0	1,720
91.02	09102	LAKE HILL OUT		0	0	0
91.03	09103	NUTRITION COUNSELING		1,309	0	1,309
91.04	09104	HUNTLEY OP		97	0	97
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	9,728,624	0	9,728,624
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		39,540	0	39,540
194.00	07950	MISC NONREIMBURSABLE COST CENTER		0	0	0
194.01	07951	MOB		4,342	0	4,342
194.02	07952	COMMUNITY WELLNESS		947	0	947
194.03	07953	FUND DEVELOPMENT		15,568	0	15,568
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT		267	0	267
200.00		Cross Foot Adjustments	3,148	3,148	0	3,148
201.00		Negative Cost Centers	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 12:48 pm	
Cost Center Description		PARAMED ED PRGM-AMBULANCE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00	TOTAL (sum lines 118-201)	3,148	9,792,436	25.00	9,792,436		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0217

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER PHONES)	PURCHASING RECEIVING AND STORES (PURCH REQUIS \$)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	669,375				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		669,375			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	911	911	39,228,869		4.00
5.01 01160	COMMUNICATIONS	5,513	5,513	156,414	576	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	5,165	5,165	0	9	18,316,751 5.02
5.03 00570	ADMITTING	792	792	850,583	16	22,025 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	7,931	21	0 5.04
5.05 00590	OTHER ADMIN AND GENERAL	33,274	33,274	2,114,397	90	33,157 5.05
6.00 00600	MAINTENANCE & REPAIRS	69,599	69,599	25,748	1	1,045 6.00
7.00 00700	OPERATION OF PLANT	236,834	236,834	1,233,009	20	276,898 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,072	2,072	0	1	0 8.00
9.00 00900	HOUSEKEEPING	2,767	2,767	1,039,811	2	83,449 9.00
10.00 01000	DIETARY	19,859	19,859	919,350	13	790,474 10.00
11.00 01100	CAFETERIA	0	0	0	2	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,654	1,654	2,373,069	21	4,197 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,718	7,718	340,414	5	0 14.00
15.00 01500	PHARMACY	2,630	2,630	1,951,748	7	44,078 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,878	6,878	464,274	20	23,132 16.00
23.00 02300	PARAMED PRGM-AMBULANCE	0	0	208,374	5	10,292 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	66,427	66,427	6,734,666	85	67,004 30.00
31.00 03100	INTENSIVE CARE UNIT	12,239	12,239	1,844,150	7	21,992 31.00
40.00 04000	SUBPROVIDER - I/PF	16,508	16,508	1,901,359	0	19,588 40.00
41.00 04100	SUBPROVIDER - I/RF	29,883	29,883	3,562,042	13	35,221 41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	20,674	20,674	1,824,892	31	435,735 50.00
51.00 05100	RECOVERY ROOM	12,441	12,441	1,972,386	6	14,824 51.00
53.00 05300	ANESTHESIOLOGY	384	384	68,416	3	7,704 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,727	21,727	1,983,528	35	102,376 54.00
54.01 03650	VASCULAR LAB	1,596	1,596	375,036	1	8,617 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	30,933	30,933	1,083,849	31	22,829 55.00
57.00 05700	CT SCAN	1,611	1,611	432,680	0	3,288 57.00
58.00 05800	MRI	1,831	1,831	199,741	0	412 58.00
59.00 05900	CARDIAC CATHETERIZATION	4,456	4,456	755,005	0	44,366 59.00
60.00 06000	LABORATORY	6,824	6,824	95,912	20	10,805 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,102	1,102	0	1	431,539 62.00
65.00 06500	RESPIRATORY THERAPY	1,582	1,582	883,267	7	9,581 65.00
66.00 06600	PHYSICAL THERAPY	0	0	749	9	10,381 66.00
67.00 06700	OCCUPATIONAL THERAPY	8,713	8,713	0	1	6,198 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	1	252 68.00
69.00 06900	ELECTROCARDIOLOGY	7,831	7,831	614,174	7	10,056 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,911,278 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,775,049 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	607	607	0	0	268 74.00
76.00 03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0 76.00
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,607	2,607	318,920	17	0 76.02
76.03 03951	OCCUPATIONAL HEALTH	0	0	291	0	7 76.03
76.97 07697	CARDIAC REHABILITATION	773	773	196,239	0	7,049 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	86,436	0	6,142 76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OUTPATIENT PROCEDURES	0	0	0	0	0 90.01
91.00 09100	EMERGENCY	20,873	20,873	2,261,227	32	29,939 91.00
91.01 09101	CVILLE OUT	0	0	26,961	1	31,534 91.01
91.02 09102	LAKE HILL OUT	0	0	0	0	0 91.02
91.03 09103	NUTRITION COUNSELING	0	0	172,911	0	1,735 91.03
91.04 09104	HUNTLEY OP	0	0	0	0	0 91.04
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	667,288	667,288	39,079,959	541	18,314,516 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,513	1,513	0	2	0 190.00
194.00 07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0 194.00
194.01 07951	MOB	0	0	1,414	29	0 194.01
194.02 07952	COMMUNITY WELLNESS	0	0	127,468	0	208 194.02
194.03 07953	FUND DEVELOPMENT	574	574	20,028	4	2,027 194.03
194.04 07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0 194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0217

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER PHONES)	PURCHASING RECEIVING AND STORES (PURCH REQUIS \$)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,466,534	2,195,285	2,266,593	417,050	73,481	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.660555	3.279604	0.057779	724.045139	0.004012	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			11,982	71,387	67,951	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000305	123.935764	0.003710	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0217

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINISTRATIVE	781,758,647					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	781,758,647				5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	-26,835,320	108,232,215		5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	3,628,518	554,121	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	7,790,496	236,834	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	273,391	2,072	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,688,114	2,767	9.00
10.00	01000	DIETARY	0	0	0	1,840,766	19,859	10.00
11.00	01100	CAFETERIA	0	0	0	699,579	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,236,226	1,654	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	337,701	7,718	14.00
15.00	01500	PHARMACY	0	0	0	11,510,240	2,630	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,585,564	6,878	16.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	0	0	0	319,058	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	78,616,067	78,616,067	0	10,077,348	66,427	30.00
31.00	03100	INTENSIVE CARE UNIT	22,141,199	22,141,199	0	3,426,264	12,239	31.00
40.00	04000	SUBPROVIDER - I/PF	16,651,802	16,651,802	0	2,799,509	16,508	40.00
41.00	04100	SUBPROVIDER - I/RF	38,269,455	38,269,455	0	8,896,644	29,883	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	149,152,557	149,152,557	0	3,938,092	20,674	50.00
51.00	05100	RECOVERY ROOM	35,621,906	35,621,906	0	2,851,672	12,441	51.00
53.00	05300	ANESTHESIOLOGY	16,468,252	16,468,252	0	173,908	384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,299,603	32,299,603	0	3,200,001	21,727	54.00
54.01	03650	VASCULAR LAB	9,866,057	9,866,057	0	532,229	1,596	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	21,590,841	21,590,841	0	2,810,479	30,933	55.00
57.00	05700	CT SCAN	55,729,163	55,729,163	0	771,784	1,611	57.00
58.00	05800	MRI	15,340,333	15,340,333	0	479,506	1,831	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,063,772	38,063,772	0	1,564,729	4,456	59.00
60.00	06000	LABORATORY	59,511,517	59,511,517	0	5,488,540	6,824	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,634,832	1,634,832	0	451,396	1,102	62.00
65.00	06500	RESPIRATORY THERAPY	13,130,748	13,130,748	0	1,282,158	1,582	65.00
66.00	06600	PHYSICAL THERAPY	17,756,901	17,756,901	0	2,376,373	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,457,099	8,457,099	0	136,619	8,713	67.00
68.00	06800	SPEECH PATHOLOGY	3,235,808	3,235,808	0	7,196	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,819,971	15,819,971	0	959,567	7,831	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,025,911	4,025,911	0	6,946,743	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,810,249	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,600,114	51,600,114	0	99,175	0	73.00
74.00	07400	RENAL DIALYSIS	3,309,092	3,309,092	0	702,372	607	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,800,879	6,800,879	0	528,168	2,607	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	8,820	0	76.03
76.97	07697	CARDIAC REHABILITATION	1,412,959	1,412,959	0	312,023	773	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,593,171	6,593,171	0	771,854	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	197,595	0	90.01
91.00	09100	EMERGENCY	57,916,100	57,916,100	0	3,955,275	20,873	91.00
91.01	09101	CIVILLE OUT	451,108	451,108	0	240,836	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	291,430	291,430	0	156,097	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	96	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	781,758,647	781,758,647	-26,835,320	107,862,970	552,034	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	21,026	1,513	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	105,332	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	155,234	0	194.02
194.03	07953	FUND DEVELOPMENT	0	0	0	36,566	574	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	51,087	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0217

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description		ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,187,040	315,944		26,835,320	4,528,180	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001518	0.000404		0.247942	8.171825	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	12,668	2,605		565,333	919,710	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000016	0.000003		0.005223	1.659764	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0217

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00560	PURCHASING RECEIVING AND STORES					5.02	
5.03	00570	ADMITTING					5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00590	OTHER ADMIN AND GENERAL					5.05	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	317,287				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	2,072	39,543			8.00	
9.00	00900	HOUSEKEEPING	2,767	0	312,448		9.00	
10.00	01000	DIETARY	19,859	0	19,859	127,452	10.00	
11.00	01100	CAFETERIA	0	0	0	953,382	11.00	
13.00	01300	NURSING ADMINISTRATION	1,654	0	1,654	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	7,718	0	7,718	0	14.00	
15.00	01500	PHARMACY	2,630	0	2,630	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	6,878	0	6,878	0	16.00	
23.00	02300	PARAMED PRGM-AMBULANCE	0	0	0	8,474	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,427	17,412	66,427	74,803	214,503	30.00
31.00	03100	INTENSIVE CARE UNIT	12,239	2,577	12,239	3,733	47,816	31.00
40.00	04000	SUBPROVIDER - I/PF	16,508	6,104	16,508	0	58,108	40.00
41.00	04100	SUBPROVIDER - I/RP	29,883	13,450	29,883	42,944	117,460	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,674	0	20,674	0	51,254	50.00
51.00	05100	RECOVERY ROOM	12,441	0	12,441	337	53,539	51.00
53.00	05300	ANESTHESIOLOGY	384	0	384	0	1,871	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,727	0	21,727	0	58,897	54.00
54.01	03650	VASCULAR LAB	1,596	0	1,596	459	8,547	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	30,933	0	30,933	1,045	28,097	55.00
57.00	05700	CT SCAN	1,611	0	1,611	0	12,550	57.00
58.00	05800	MRI	1,831	0	1,831	0	4,274	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,456	0	4,456	0	16,844	59.00
60.00	06000	LABORATORY	6,824	0	6,824	0	2,194	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,102	0	1,102	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,582	0	1,582	0	28,185	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	17	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,713	0	8,713	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,831	0	7,831	0	16,118	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	607	0	607	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,607	0	2,607	1,999	9,561	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	8	76.03
76.97	07697	CARDIAC REHABILITATION	773	0	773	0	4,943	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	2,227	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	4,463	90.01
91.00	09100	EMERGENCY	20,873	0	20,873	2,132	64,251	91.00
91.01	09101	CIVILLE OUT	0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	3,995	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	315,200	39,543	310,361	127,452	952,842	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,513	0	1,513	0	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	0	60	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	0	194.02
194.03	07953	FUND DEVELOPMENT	574	0	574	0	480	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0217

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	11,657,452	434,235	2,230,941	3,330,890	873,034	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	36.741033	10.981337	7.140199	26.134466	0.915723	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,502,625	54,676	80,733	531,338	3,902	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	11.039296	1.382697	0.258389	4.168926	0.004093	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0217

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	741,241					13.00
14.00	01400	17,349	15,592,873				14.00
15.00	01500	43,369	0	9,205,984			15.00
16.00	01600	0	0	0	781,758,647		16.00
23.00	02300	8,474	0	0	0	2,704	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	214,503	0	103,749	78,616,067	80	30.00
31.00	03100	47,816	0	40,585	22,141,199	304	31.00
40.00	04000	58,108	0	0	16,651,802	0	40.00
41.00	04100	117,460	0	10,382	38,269,455	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	51,254	0	81,686	149,152,557	80	50.00
51.00	05100	53,539	0	84,596	35,621,906	0	51.00
53.00	05300	1,871	0	16,339	16,468,252	192	53.00
54.00	05400	14,724	0	32,300	32,299,603	0	54.00
54.01	03650	2,137	0	15,685	9,866,057	0	54.01
55.00	05500	7,024	0	22,296	21,590,841	0	55.00
57.00	05700	3,138	0	84,767	55,729,163	0	57.00
58.00	05800	1,069	0	26,288	15,340,333	0	58.00
59.00	05900	4,211	0	0	38,063,772	40	59.00
60.00	06000	549	0	71,692	59,511,517	0	60.00
62.00	06200	0	0	0	1,634,832	0	62.00
65.00	06500	7,046	0	7,187	13,130,748	40	65.00
66.00	06600	4	0	15	17,756,901	0	66.00
67.00	06700	0	0	0	8,457,099	0	67.00
68.00	06800	0	0	0	3,235,808	0	68.00
69.00	06900	4,030	0	2,486	15,819,971	0	69.00
71.00	07100	0	6,682,174	0	4,025,911	0	71.00
72.00	07200	0	8,910,699	0	0	0	72.00
73.00	07300	0	0	8,489,361	51,600,114	0	73.00
74.00	07400	0	0	13,430	3,309,092	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.02	03550	9,561	0	0	6,800,879	0	76.02
76.03	03951	0	0	0	0	0	76.03
76.97	07697	1,236	0	0	1,412,959	0	76.97
76.98	07698	0	0	2,747	6,593,171	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	4,463	0	0	0	0	90.01
91.00	09100	64,251	0	100,387	57,916,100	1,896	91.00
91.01	09101	0	0	6	451,108	0	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	3,995	0	0	291,430	0	91.03
91.04	09104	0	0	0	0	0	91.04
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		741,181	15,592,873	9,205,984	781,758,647	2,632	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	60	0	0	0	0	194.01
194.02	07952	0	0	0	0	72	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0217

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY	PARAMED PRGM-AMBULANCE	
		(DIRECT NRSING HRS)	(COSTED REQUIS.)		(GROSS CHAR GES)	(ASSIGNED TIME)	
202.00	Cost to be allocated (per Wkst. B, Part I)	4,180,736	936,915	14,785,341	2,348,392	453,721	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.640185	0.060086	1.606058	0.003004	167.796228	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	63,426	266,531	546,612	189,452	3,148	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.085567	0.017093	0.059376	0.000242	1.164201	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 12:48 pm		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Dissallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		20,002,293	20,002,293	22,621	20,024,914	30.00
31.00	03100 INTENSIVE CARE UNIT		5,534,897	5,534,897	0	5,534,897	31.00
40.00	04000 SUBPROVIDER - I PF		4,850,919	4,850,919	0	4,850,919	40.00
41.00	04100 SUBPROVIDER - I RF		14,829,708	14,829,708	0	14,829,708	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		6,919,328	6,919,328	379	6,919,707	50.00
51.00	05100 RECOVERY ROOM		4,808,991	4,808,991	0	4,808,991	51.00
53.00	05300 ANESTHESIOLOGY		357,211	357,211	0	357,211	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,410,255	5,410,255	7,408	5,417,663	54.00
54.01	03650 VASCULAR LAB		833,973	833,973	0	833,973	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		5,310,797	5,310,797	28,559	5,339,356	55.00
57.00	05700 CT SCAN		1,379,742	1,379,742	0	1,379,742	57.00
58.00	05800 MRI		791,951	791,951	0	791,951	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,344,871	2,344,871	10,381	2,355,252	59.00
60.00	06000 LABORATORY		7,503,611	7,503,611	9,694	7,513,305	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		625,589	625,589	0	625,589	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,805,658	1,805,658	0	1,805,658	65.00
66.00	06600 PHYSICAL THERAPY	0	3,018,981	3,018,981	0	3,018,981	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	649,437	649,437	0	649,437	67.00
68.00	06800 SPEECH PATHOLOGY	0	18,700	18,700	0	18,700	68.00
69.00	06900 ELECTROCARDIOLOGY		1,694,118	1,694,118	4,832	1,698,950	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		9,082,731	9,082,731	0	9,082,731	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,530,090	11,530,090	0	11,530,090	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		13,913,174	13,913,174	0	13,913,174	73.00
74.00	07400 RENAL DIALYSIS		939,626	939,626	0	939,626	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER		0	0	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		930,179	930,179	0	930,179	76.02
76.03	03951 OCCUPATIONAL HEALTH		11,014	11,014	0	11,014	76.03
76.97	07697 CARDIAC REHABILITATION		445,366	445,366	0	445,366	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		989,486	989,486	661	990,147	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES		275,846	275,846	0	275,846	90.01
91.00	09100 EMERGENCY		7,152,749	7,152,749	7,996	7,160,745	91.00
91.01	09101 C'VILLE OUT		301,914	301,914	0	301,914	91.01
91.02	09102 LAKE HILL OUT		0	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING		221,866	221,866	0	221,866	91.03
91.04	09104 HUNTLEY OP		120	120	0	120	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,342,741	3,342,741	0	3,342,741	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)		137,827,932	137,827,932	92,531	137,920,463	200.00
201.00	Less Observation Beds		3,342,741	3,342,741		3,342,741	201.00
202.00	Total (see instructions)		134,485,191	134,485,191	92,531	134,577,722	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/25/2017 12:48 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	63,653,341		63,653,341				30.00
31.00	03100	INTENSIVE CARE UNIT	22,084,925		22,084,925				31.00
40.00	04000	SUBPROVIDER - I/PF	16,651,802		16,651,802				40.00
41.00	04100	SUBPROVIDER - I/RF	38,269,455		38,269,455				41.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	56,059,069	45,243,854	101,302,923	0.068303	0.000000		50.00
51.00	05100	RECOVERY ROOM	16,825,787	18,790,261	35,616,048	0.135023	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	8,500,095	7,968,157	16,468,252	0.021691	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,396,197	24,220,459	31,616,656	0.171120	0.000000		54.00
54.01	03650	VASCULAR LAB	2,562,213	7,196,840	9,759,053	0.085456	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	661,542	20,918,823	21,580,365	0.246094	0.000000		55.00
57.00	05700	CT SCAN	14,228,205	41,447,596	55,675,801	0.024782	0.000000		57.00
58.00	05800	MRI	3,952,058	11,388,276	15,340,334	0.051625	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	12,375,483	13,033,901	25,409,384	0.092284	0.000000		59.00
60.00	06000	LABORATORY	28,911,951	30,599,566	59,511,517	0.126087	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,080,795	553,618	1,634,413	0.382761	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	11,619,346	1,299,267	12,918,613	0.139772	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,172,932	6,583,970	17,756,902	0.170017	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	8,373,679	83,420	8,457,099	0.076792	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	3,189,396	46,412	3,235,808	0.005779	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	6,179,600	9,640,371	15,819,971	0.107087	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,593,304	6,891,420	16,484,724	0.550979	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,320,381	9,939,430	49,259,811	0.234067	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,699,336	28,900,621	51,599,957	0.269635	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,106,769	202,323	3,309,092	0.283953	0.000000		74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0.000000	0.000000		76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,889,182	911,697	6,800,879	0.136773	0.000000		76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000		76.03
76.97	07697	CARDIAC REHABILITATION	1,569	1,411,390	1,412,959	0.315201	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	17,291	6,575,880	6,593,171	0.150077	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OUTPATIENT PROCEDURES	0	1,601,226	1,601,226	0.172272	0.000000		90.01
91.00	09100	EMERGENCY	15,644,941	42,129,750	57,774,691	0.123804	0.000000		91.00
91.01	09101	CIVILLE OUT	0	451,108	451,108	0.669272	0.000000		91.01
91.02	09102	LAKE HILL OUT	0	0	0	0.000000	0.000000		91.02
91.03	09103	NUTRITION COUNSELING	0	291,430	291,430	0.761301	0.000000		91.03
91.04	09104	HUNTLEY OP	0	0	0	0.000000	0.000000		91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,454,671	8,962,268	13,416,939	0.249143	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	434,475,315	347,283,334	781,758,649				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	434,475,315	347,283,334	781,758,649				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 12:48 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.068307		50.00
51.00	05100	RECOVERY ROOM	0.135023		51.00
53.00	05300	ANESTHESIOLOGY	0.021691		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.171355		54.00
54.01	03650	VASCULAR LAB	0.085456		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.247417		55.00
57.00	05700	CT SCAN	0.024782		57.00
58.00	05800	MRI	0.051625		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092692		59.00
60.00	06000	LABORATORY	0.126250		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.382761		62.00
65.00	06500	RESPIRATORY THERAPY	0.139772		65.00
66.00	06600	PHYSICAL THERAPY	0.170017		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.076792		67.00
68.00	06800	SPEECH PATHOLOGY	0.005779		68.00
69.00	06900	ELECTROCARDIOLOGY	0.107393		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.550979		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.234067		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269635		73.00
74.00	07400	RENAL DIALYSIS	0.283953		74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0.000000		76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.136773		76.02
76.03	03951	OCCUPATIONAL HEALTH	0.000000		76.03
76.97	07697	CARDIAC REHABILITATION	0.315201		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.150178		76.98
		OUTPATIENT SERVICE COST CENTERS			
90.01	09001	OUTPATIENT PROCEDURES	0.172272		90.01
91.00	09100	EMERGENCY	0.123943		91.00
91.01	09101	CVILLE OUT	0.669272		91.01
91.02	09102	LAKE HILL OUT	0.000000		91.02
91.03	09103	NUTRITION COUNSELING	0.761301		91.03
91.04	09104	HUNTLEY OP	0.000000		91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.249143		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0217

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 12:48 pm

		Title XIX		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	20,002,293		20,002,293	22,621	20,024,914	30.00
31.00	03100 INTENSIVE CARE UNIT	5,534,897		5,534,897	0	5,534,897	31.00
40.00	04000 SUBPROVIDER - I/PF	4,850,919		4,850,919	0	4,850,919	40.00
41.00	04100 SUBPROVIDER - I/RF	14,829,708		14,829,708	0	14,829,708	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,919,328		6,919,328	379	6,919,707	50.00
51.00	05100 RECOVERY ROOM	4,808,991		4,808,991	0	4,808,991	51.00
53.00	05300 ANESTHESIOLOGY	357,211		357,211	0	357,211	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,410,255		5,410,255	7,408	5,417,663	54.00
54.01	03650 VASCULAR LAB	833,973		833,973	0	833,973	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	5,310,797		5,310,797	28,559	5,339,356	55.00
57.00	05700 CT SCAN	1,379,742		1,379,742	0	1,379,742	57.00
58.00	05800 MRI	791,951		791,951	0	791,951	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,344,871		2,344,871	10,381	2,355,252	59.00
60.00	06000 LABORATORY	7,503,611		7,503,611	9,694	7,513,305	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	625,589		625,589	0	625,589	62.00
65.00	06500 RESPIRATORY THERAPY	1,805,658	0	1,805,658	0	1,805,658	65.00
66.00	06600 PHYSICAL THERAPY	3,018,981	0	3,018,981	0	3,018,981	66.00
67.00	06700 OCCUPATIONAL THERAPY	649,437	0	649,437	0	649,437	67.00
68.00	06800 SPEECH PATHOLOGY	18,700	0	18,700	0	18,700	68.00
69.00	06900 ELECTROCARDIOLOGY	1,694,118		1,694,118	4,832	1,698,950	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	9,082,731		9,082,731	0	9,082,731	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11,530,090		11,530,090	0	11,530,090	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,913,174		13,913,174	0	13,913,174	73.00
74.00	07400 RENAL DIALYSIS	939,626		939,626	0	939,626	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0		0	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	930,179		930,179	0	930,179	76.02
76.03	03951 OCCUPATIONAL HEALTH	11,014		11,014	0	11,014	76.03
76.97	07697 CARDIAC REHABILITATION	445,366		445,366	0	445,366	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	989,486		989,486	661	990,147	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	275,846		275,846	0	275,846	90.01
91.00	09100 EMERGENCY	7,152,749		7,152,749	7,996	7,160,745	91.00
91.01	09101 C'VILLE OUT	301,914		301,914	0	301,914	91.01
91.02	09102 LAKE HILL OUT	0		0	0	0	91.02
91.03	09103 NUTRITION COUNSELING	221,866		221,866	0	221,866	91.03
91.04	09104 HUNTLEY OP	120		120	0	120	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,342,741		3,342,741	0	3,342,741	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	137,827,932	0	137,827,932	92,531	137,920,463	200.00
201.00	Less Observation Beds	3,342,741		3,342,741		3,342,741	201.00
202.00	Total (see instructions)	134,485,191	0	134,485,191	92,531	134,577,722	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/25/2017 12:48 pm		
			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	63,653,341		63,653,341				30.00
31.00	03100	INTENSIVE CARE UNIT	22,084,925		22,084,925				31.00
40.00	04000	SUBPROVIDER - IPF	16,651,802		16,651,802				40.00
41.00	04100	SUBPROVIDER - IRF	38,269,455		38,269,455				41.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	56,059,069	45,243,854	101,302,923	0.068303	0.000000		50.00
51.00	05100	RECOVERY ROOM	16,825,787	18,790,261	35,616,048	0.135023	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	8,500,095	7,968,157	16,468,252	0.021691	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,396,197	24,220,459	31,616,656	0.171120	0.000000		54.00
54.01	03650	VASCULAR LAB	2,562,213	7,196,840	9,759,053	0.085456	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	661,542	20,918,823	21,580,365	0.246094	0.000000		55.00
57.00	05700	CT SCAN	14,228,205	41,447,596	55,675,801	0.024782	0.000000		57.00
58.00	05800	MRI	3,952,058	11,388,276	15,340,334	0.051625	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	12,375,483	13,033,901	25,409,384	0.092284	0.000000		59.00
60.00	06000	LABORATORY	28,911,951	30,599,566	59,511,517	0.126087	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,080,795	553,618	1,634,413	0.382761	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	11,619,346	1,299,267	12,918,613	0.139772	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,172,932	6,583,970	17,756,902	0.170017	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	8,373,679	83,420	8,457,099	0.076792	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	3,189,396	46,412	3,235,808	0.005779	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	6,179,600	9,640,371	15,819,971	0.107087	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,593,304	6,891,420	16,484,724	0.550979	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,320,381	9,939,430	49,259,811	0.234067	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,699,336	28,900,621	51,599,957	0.269635	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,106,769	202,323	3,309,092	0.283953	0.000000		74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0.000000	0.000000		76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,889,182	911,697	6,800,879	0.136773	0.000000		76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000		76.03
76.97	07697	CARDIAC REHABILITATION	1,569	1,411,390	1,412,959	0.315201	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	17,291	6,575,880	6,593,171	0.150077	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OUTPATIENT PROCEDURES	0	1,601,226	1,601,226	0.172272	0.000000		90.01
91.00	09100	EMERGENCY	15,644,941	42,129,750	57,774,691	0.123804	0.000000		91.00
91.01	09101	CIVILLE OUT	0	451,108	451,108	0.669272	0.000000		91.01
91.02	09102	LAKE HILL OUT	0	0	0	0.000000	0.000000		91.02
91.03	09103	NUTRITION COUNSELING	0	291,430	291,430	0.761301	0.000000		91.03
91.04	09104	HUNTLEY OP	0	0	0	0.000000	0.000000		91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,454,671	8,962,268	13,416,939	0.249143	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	434,475,315	347,283,334	781,758,649				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	434,475,315	347,283,334	781,758,649				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 12:48 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.068307		50.00
51.00	05100	RECOVERY ROOM	0.135023		51.00
53.00	05300	ANESTHESIOLOGY	0.021691		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.171355		54.00
54.01	03650	VASCULAR LAB	0.085456		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.247417		55.00
57.00	05700	CT SCAN	0.024782		57.00
58.00	05800	MRI	0.051625		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092692		59.00
60.00	06000	LABORATORY	0.126250		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.382761		62.00
65.00	06500	RESPIRATORY THERAPY	0.139772		65.00
66.00	06600	PHYSICAL THERAPY	0.170017		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.076792		67.00
68.00	06800	SPEECH PATHOLOGY	0.005779		68.00
69.00	06900	ELECTROCARDIOLOGY	0.107393		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.550979		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.234067		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269635		73.00
74.00	07400	RENAL DIALYSIS	0.283953		74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0.000000		76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.136773		76.02
76.03	03951	OCCUPATIONAL HEALTH	0.000000		76.03
76.97	07697	CARDIAC REHABILITATION	0.315201		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.150178		76.98
		OUTPATIENT SERVICE COST CENTERS			
90.01	09001	OUTPATIENT PROCEDURES	0.172272		90.01
91.00	09100	EMERGENCY	0.123943		91.00
91.01	09101	C'VILLE OUT	0.669272		91.01
91.02	09102	LAKE HILL OUT	0.000000		91.02
91.03	09103	NUTRITION COUNSELING	0.761301		91.03
91.04	09104	HUNTLEY OP	0.000000		91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.249143		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0217

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

Worksheet C Part II Date/Time Prepared: 5/25/2017 12:48 pm

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,919,328	852,703	6,066,625	0	0	50.00
51.00	05100	RECOVERY ROOM	4,808,991	359,303	4,449,688	0	0	51.00
53.00	05300	ANESTHESIOLOGY	357,211	16,709	340,502	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,410,255	596,565	4,813,690	0	0	54.00
54.01	03650	VASCULAR LAB	833,973	50,021	783,952	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,310,797	832,349	4,478,448	0	0	55.00
57.00	05700	CT SCAN	1,379,742	68,293	1,311,449	0	0	57.00
58.00	05800	MRI	791,951	55,753	736,198	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,344,871	187,161	2,157,710	0	0	59.00
60.00	06000	LABORATORY	7,503,611	227,979	7,275,632	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	625,589	33,049	592,540	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,805,658	77,385	1,728,273	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,018,981	74,350	2,944,631	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	649,437	228,713	420,724	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	18,700	1,008	17,692	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,694,118	213,885	1,480,233	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,082,731	177,192	8,905,539	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,530,090	230,874	11,299,216	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,913,174	518,048	13,395,126	0	0	73.00
74.00	07400	RENAL DIALYSIS	939,626	23,080	916,546	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	930,179	83,540	846,639	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	11,014	46	10,968	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	445,366	70,767	374,599	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	989,486	97,525	891,961	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	275,846	1,432	274,414	0	0	90.01
91.00	09100	EMERGENCY	7,152,749	604,894	6,547,855	0	0	91.00
91.01	09101	CVILLE OUT	301,914	1,720	300,194	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	221,866	1,309	220,557	0	0	91.03
91.04	09104	HUNTLEY OP	120	97	23	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,342,741	361,888	2,980,853	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	92,610,115	6,047,638	86,562,477	0	0	200.00
201.00		Less Observation Beds	3,342,741	361,888	2,980,853	0	0	201.00
202.00		Total (line 200 minus line 201)	89,267,374	5,685,750	83,581,624	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part II Date/Time Prepared: 5/25/2017 12:48 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	6,919,328	101,302,923	0.068303		50.00
51.00	05100 RECOVERY ROOM	4,808,991	35,616,048	0.135023		51.00
53.00	05300 ANESTHESIOLOGY	357,211	16,468,252	0.021691		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,410,255	31,616,656	0.171120		54.00
54.01	03650 VASCULAR LAB	833,973	9,759,053	0.085456		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	5,310,797	21,580,365	0.246094		55.00
57.00	05700 CT SCAN	1,379,742	55,675,801	0.024782		57.00
58.00	05800 MRI	791,951	15,340,334	0.051625		58.00
59.00	05900 CARDIAC CATHETERIZATION	2,344,871	25,409,384	0.092284		59.00
60.00	06000 LABORATORY	7,503,611	59,511,517	0.126087		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	625,589	1,634,413	0.382761		62.00
65.00	06500 RESPIRATORY THERAPY	1,805,658	12,918,613	0.139772		65.00
66.00	06600 PHYSICAL THERAPY	3,018,981	17,756,902	0.170017		66.00
67.00	06700 OCCUPATIONAL THERAPY	649,437	8,457,099	0.076792		67.00
68.00	06800 SPEECH PATHOLOGY	18,700	3,235,808	0.005779		68.00
69.00	06900 ELECTROCARDIOLOGY	1,694,118	15,819,971	0.107087		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	9,082,731	16,484,724	0.550979		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11,530,090	49,259,811	0.234067		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,913,174	51,599,957	0.269635		73.00
74.00	07400 RENAL DIALYSIS	939,626	3,309,092	0.283953		74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000		76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	930,179	6,800,879	0.136773		76.02
76.03	03951 OCCUPATIONAL HEALTH	11,014	0	0.000000		76.03
76.97	07697 CARDIAC REHABILITATION	445,366	1,412,959	0.315201		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	989,486	6,593,171	0.150077		76.98
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OUTPATIENT PROCEDURES	275,846	1,601,226	0.172272		90.01
91.00	09100 EMERGENCY	7,152,749	57,774,691	0.123804		91.00
91.01	09101 CIVILLE OUT	301,914	451,108	0.669272		91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000		91.02
91.03	09103 NUTRITION COUNSELING	221,866	291,430	0.761301		91.03
91.04	09104 HUNTLEY OP	120	0	0.000000		91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,342,741	13,416,939	0.249143		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	92,610,115	641,099,126			200.00
201.00	Less Observation Beds	3,342,741	0			201.00
202.00	Total (line 200 minus line 201)	89,267,374	641,099,126			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/25/2017 12:48 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,167,921	0	2,167,921	20,901	103.72	30.00
31.00	INTENSIVE CARE UNIT	368,258	0	368,258	2,577	142.90	31.00
40.00	SUBPROVIDER - IPF	460,884	0	460,884	6,104	75.51	40.00
41.00	SUBPROVIDER - IRF	1,045,811	0	1,045,811	13,450	77.76	41.00
200.00	Total (lines 30-199)	4,042,874		4,042,874	43,032		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	10,503	1,089,371	30.00
31.00	INTENSIVE CARE UNIT	1,150	164,335	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	11,444	889,885	41.00
200.00	Total (lines 30-199)	23,097	2,143,591	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0217

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

Worksheet D
Part II
Date/Time Prepared:
5/25/2017 12:48 pm

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	852,703	101,302,923	0.008417	24,531,147	206,479	50.00
51.00	05100	RECOVERY ROOM	359,303	35,616,048	0.010088	7,157,339	72,203	51.00
53.00	05300	ANESTHESIOLOGY	16,709	16,468,252	0.001015	3,502,154	3,555	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	596,565	31,616,656	0.018869	3,923,783	74,038	54.00
54.01	03650	VASCULAR LAB	50,021	9,759,053	0.005126	1,175,999	6,028	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	832,349	21,580,365	0.038570	373,210	14,395	55.00
57.00	05700	CT SCAN	68,293	55,675,801	0.001227	7,145,747	8,768	57.00
58.00	05800	MRI	55,753	15,340,334	0.003634	1,704,847	6,195	58.00
59.00	05900	CARDIAC CATHETERIZATION	187,161	25,409,384	0.007366	6,531,142	48,108	59.00
60.00	06000	LABORATORY	227,979	59,511,517	0.003831	13,252,787	50,771	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	33,049	1,634,413	0.020221	548,444	11,090	62.00
65.00	06500	RESPIRATORY THERAPY	77,385	12,918,613	0.005990	5,270,288	31,569	65.00
66.00	06600	PHYSICAL THERAPY	74,350	17,756,902	0.004187	1,954,355	8,183	66.00
67.00	06700	OCCUPATIONAL THERAPY	228,713	8,457,099	0.027044	712,199	19,261	67.00
68.00	06800	SPEECH PATHOLOGY	1,008	3,235,808	0.000312	558,045	174	68.00
69.00	06900	ELECTROCARDIOLOGY	213,885	15,819,971	0.013520	2,901,674	39,231	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	177,192	16,484,724	0.010749	4,408,021	47,382	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	230,874	49,259,811	0.004687	16,213,580	75,993	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	518,048	51,599,957	0.010040	9,666,762	97,054	73.00
74.00	07400	RENAL DIALYSIS	23,080	3,309,092	0.006975	961,017	6,703	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	83,540	6,800,879	0.012284	865,625	10,633	76.02
76.03	03951	OCCUPATIONAL HEALTH	46	0	0.000000	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	70,767	1,412,959	0.050084	523	26	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	97,525	6,593,171	0.014792	8,517	126	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	1,432	1,601,226	0.000894	0	0	90.01
91.00	09100	EMERGENCY	604,894	57,774,691	0.010470	6,648,617	69,611	91.00
91.01	09101	CIVILLE OUT	1,720	451,108	0.003813	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0.000000	0	0	91.02
91.03	09103	NUTRITION COUNSELING	1,309	291,430	0.004492	0	0	91.03
91.04	09104	HUNTLEY OP	97	0	0.000000	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	361,888	13,416,939	0.026972	2,153,165	58,075	92.00
200.00		Total (Lines 50-199)	6,047,638	641,099,126		122,168,987	965,651	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/25/2017 12:48 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	13,424	0	0	13,424		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	51,010	0	0	51,010		31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0		40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0		41.00	
200.00		Total (lines 30-199)	0	64,434	0	0	64,434		200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School			
			6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	20,901	0.64	10,503	6,722	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	2,577	19.79	1,150	22,759	0		31.00	
40.00	04000	SUBPROVIDER - IPF	6,104	0.00	0	0	0		40.00	
41.00	04100	SUBPROVIDER - IRF	13,450	0.00	11,444	0	0		41.00	
200.00		Total (lines 30-199)	43,032		23,097	29,481	0		200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost						
			12.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0	0						31.00
40.00	04000	SUBPROVIDER - IPF	0	0						40.00
41.00	04100	SUBPROVIDER - IRF	0	0						41.00
200.00		Total (lines 30-199)	0	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:48 pm
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Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	13,424	0	13,424	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	32,217	0	32,217	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03650	VASCULAR LAB	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	6,712	0	6,712	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,712	0	6,712	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	318,141	0	318,141	91.00
91.01	09101	CIVILLE OUT	0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	2,240	0	2,240	92.00
200.00		Total (lines 50-199)	0	0	379,446	0	379,446	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:48 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	13,424	101,302,923	0.000133	0.000133	24,531,147	50.00
51.00	05100 RECOVERY ROOM	0	35,616,048	0.000000	0.000000	7,157,339	51.00
53.00	05300 ANESTHESIOLOGY	32,217	16,468,252	0.001956	0.001956	3,502,154	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	31,616,656	0.000000	0.000000	3,923,783	54.00
54.01	03650 VASCULAR LAB	0	9,759,053	0.000000	0.000000	1,175,999	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	21,580,365	0.000000	0.000000	373,210	55.00
57.00	05700 CT SCAN	0	55,675,801	0.000000	0.000000	7,145,747	57.00
58.00	05800 MRI	0	15,340,334	0.000000	0.000000	1,704,847	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,712	25,409,384	0.000264	0.000264	6,531,142	59.00
60.00	06000 LABORATORY	0	59,511,517	0.000000	0.000000	13,252,787	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,634,413	0.000000	0.000000	548,444	62.00
65.00	06500 RESPIRATORY THERAPY	6,712	12,918,613	0.000520	0.000520	5,270,288	65.00
66.00	06600 PHYSICAL THERAPY	0	17,756,902	0.000000	0.000000	1,954,355	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,457,099	0.000000	0.000000	712,199	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,235,808	0.000000	0.000000	558,045	68.00
69.00	06900 ELECTROCARDIOLOGY	0	15,819,971	0.000000	0.000000	2,901,674	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,484,724	0.000000	0.000000	4,408,021	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	49,259,811	0.000000	0.000000	16,213,580	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	51,599,957	0.000000	0.000000	9,666,762	73.00
74.00	07400 RENAL DIALYSIS	0	3,309,092	0.000000	0.000000	961,017	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0.000000	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	6,800,879	0.000000	0.000000	865,625	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0	0.000000	0.000000	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	1,412,959	0.000000	0.000000	523	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	6,593,171	0.000000	0.000000	8,517	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	0	1,601,226	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	318,141	57,774,691	0.005507	0.005507	6,648,617	91.00
91.01	09101 CIVILLE OUT	0	451,108	0.000000	0.000000	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000	0.000000	0	91.02
91.03	09103 NUTRITION COUNSELING	0	291,430	0.000000	0.000000	0	91.03
91.04	09104 HUNTLEY OP	0	0	0.000000	0.000000	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,240	13,416,939	0.000167	0.000167	2,153,165	92.00
200.00	Total (Lines 50-199)	379,446	641,099,126			122,168,987	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:48 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,263	15,366,199	2,044	0	0	50.00
51.00	05100 RECOVERY ROOM	0	5,846,599	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	6,850	2,143,110	4,192	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	7,721,117	0	0	0	54.00
54.01	03650 VASCULAR LAB	0	1,875,227	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,113,319	0	0	0	55.00
57.00	05700 CT SCAN	0	11,717,187	0	0	0	57.00
58.00	05800 MRI	0	4,118,308	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,724	6,383,048	1,685	0	0	59.00
60.00	06000 LABORATORY	0	6,169,649	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	193,885	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	2,741	366,212	190	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	97,492	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	9,319	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,460	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,076,812	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,037,798	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,186,625	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8,108,469	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	84,155	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	679,905	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,738,792	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	36,614	8,203,852	45,179	0	0	91.00
91.01	09101 CIVILLE OUT	0	4,579	0	0	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING	0	39,045	0	0	0	91.03
91.04	09104 HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	360	3,760,381	628	0	0	92.00
200.00	Total (Lines 50-199)	51,552	105,044,544	53,918	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:48 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03650 VASCULAR LAB	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTER	0	0		76.00
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03 03951 OCCUPATIONAL HEALTH	0	0		76.03
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 OUTPATIENT PROCEDURES	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 C'VILLE OUT	0	0		91.01
91.02 09102 LAKE HILL OUT	0	0		91.02
91.03 09103 NUTRITION COUNSELING	0	0		91.03
91.04 09104 HUNTLEY OP	0	0		91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 12:48 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	0.068303	15,366,199	0	566	1,049,557	50.00
51.00	05100	RECOVERY ROOM	0.135023	5,846,599	0	0	789,425	51.00
53.00	05300	ANESTHESIOLOGY	0.021691	2,143,110	0	0	46,486	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.171120	7,721,117	0	0	1,321,238	54.00
54.01	03650	VASCULAR LAB	0.085456	1,875,227	0	0	160,249	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.246094	9,113,319	0	0	2,242,733	55.00
57.00	05700	CT SCAN	0.024782	11,717,187	0	0	290,375	57.00
58.00	05800	MRI	0.051625	4,118,308	0	246	212,608	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092284	6,383,048	0	0	589,053	59.00
60.00	06000	LABORATORY	0.126087	6,169,649	0	0	777,913	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.382761	193,885	0	0	74,212	62.00
65.00	06500	RESPIRATORY THERAPY	0.139772	366,212	0	0	51,186	65.00
66.00	06600	PHYSICAL THERAPY	0.170017	97,492	0	0	16,575	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.076792	9,319	0	0	716	67.00
68.00	06800	SPEECH PATHOLOGY	0.005779	3,460	0	0	20	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107087	3,076,812	0	0	329,487	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.550979	3,037,798	0	4	1,673,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.234067	4,186,625	0	0	979,951	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269635	8,108,469	0	42,333	2,186,327	73.00
74.00	07400	RENAL DIALYSIS	0.283953	84,155	0	0	23,896	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0.000000	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.136773	0	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.315201	679,905	0	0	214,307	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.150077	2,738,792	0	485	411,030	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0.172272	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.123804	8,203,852	0	0	1,015,670	91.00
91.01	09101	CVILLE OUT	0.669272	4,579	0	0	3,065	91.01
91.02	09102	LAKE HILL OUT	0.000000	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0.761301	39,045	0	0	29,725	91.03
91.04	09104	HUNTLEY OP	0.000000	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.249143	3,760,381	0	0	936,873	92.00
200.00		Subtotal (see instructions)		105,044,544	0	43,634	15,426,440	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		105,044,544	0	43,634	15,426,440	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 12:48 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	39		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03650 VASCULAR LAB	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	13		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	11,414		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTE	0	0		76.00
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03 03951 OCCUPATIONAL HEALTH	0	0		76.03
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	73		76.98
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 OUTPATIENT PROCEDURES	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 CIVILLE OUT	0	0		91.01
91.02 09102 LAKE HILL OUT	0	0		91.02
91.03 09103 NUTRITION COUNSELING	0	0		91.03
91.04 09104 HUNTLEY OP	0	0		91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	11,541		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	11,541		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/25/2017 12:48 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	852,703	101,302,923	0.008417	79,999	673	50.00
51.00	05100 RECOVERY ROOM	359,303	35,616,048	0.010088	20,962	211	51.00
53.00	05300 ANESTHESIOLOGY	16,709	16,468,252	0.001015	10,521	11	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	596,565	31,616,656	0.018869	334,880	6,319	54.00
54.01	03650 VASCULAR LAB	50,021	9,759,053	0.005126	229,295	1,175	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	832,349	21,580,365	0.038570	5,008	193	55.00
57.00	05700 CT SCAN	68,293	55,675,801	0.001227	470,144	577	57.00
58.00	05800 MRI	55,753	15,340,334	0.003634	129,925	472	58.00
59.00	05900 CARDIAC CATHETERIZATION	187,161	25,409,384	0.007366	48,779	359	59.00
60.00	06000 LABORATORY	227,979	59,511,517	0.003831	2,708,949	10,378	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	33,049	1,634,413	0.020221	92,889	1,878	62.00
65.00	06500 RESPIRATORY THERAPY	77,385	12,918,613	0.005990	1,781,926	10,674	65.00
66.00	06600 PHYSICAL THERAPY	74,350	17,756,902	0.004187	6,675,196	27,949	66.00
67.00	06700 OCCUPATIONAL THERAPY	228,713	8,457,099	0.027044	6,059,841	163,882	67.00
68.00	06800 SPEECH PATHOLOGY	1,008	3,235,808	0.000312	1,876,212	585	68.00
69.00	06900 ELECTROCARDIOLOGY	213,885	15,819,971	0.013520	76,281	1,031	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	177,192	16,484,724	0.010749	69,476	747	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	230,874	49,259,811	0.004687	19,833	93	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	518,048	51,599,957	0.010040	3,728,594	37,435	73.00
74.00	07400 RENAL DIALYSIS	23,080	3,309,092	0.006975	649,948	4,533	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	83,540	6,800,879	0.012284	165	2	76.02
76.03	03951 OCCUPATIONAL HEALTH	46	0	0.000000	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	70,767	1,412,959	0.050084	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	97,525	6,593,171	0.014792	389	6	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	1,432	1,601,226	0.000894	0	0	90.01
91.00	09100 EMERGENCY	604,894	57,774,691	0.010470	118,439	1,240	91.00
91.01	09101 CIVILLE OUT	1,720	451,108	0.003813	0	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000	0	0	91.02
91.03	09103 NUTRITION COUNSELING	1,309	291,430	0.004492	0	0	91.03
91.04	09104 HUNTLEY OP	97	0	0.000000	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	13,416,939	0.000000	345,402	0	92.00
200.00	Total (lines 50-199)	5,685,750	641,099,126		25,533,053	270,423	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:48 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	13,424	0	13,424	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	32,217	0	32,217	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03650 VASCULAR LAB	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	6,712	0	6,712	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	6,712	0	6,712	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	318,141	0	318,141	91.00
91.01	09101 CIVILLE OUT	0	0	0	0	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING	0	0	0	0	0	91.03
91.04	09104 HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	377,206	0	377,206	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:48 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	13,424	101,302,923	0.000133	0.000133	79,999	50.00
51.00	05100 RECOVERY ROOM	0	35,616,048	0.000000	0.000000	20,962	51.00
53.00	05300 ANESTHESIOLOGY	32,217	16,468,252	0.001956	0.001956	10,521	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	31,616,656	0.000000	0.000000	334,880	54.00
54.01	03650 VASCULAR LAB	0	9,759,053	0.000000	0.000000	229,295	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	21,580,365	0.000000	0.000000	5,008	55.00
57.00	05700 CT SCAN	0	55,675,801	0.000000	0.000000	470,144	57.00
58.00	05800 MRI	0	15,340,334	0.000000	0.000000	129,925	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,712	25,409,384	0.000264	0.000264	48,779	59.00
60.00	06000 LABORATORY	0	59,511,517	0.000000	0.000000	2,708,949	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,634,413	0.000000	0.000000	92,889	62.00
65.00	06500 RESPIRATORY THERAPY	6,712	12,918,613	0.000520	0.000520	1,781,926	65.00
66.00	06600 PHYSICAL THERAPY	0	17,756,902	0.000000	0.000000	6,675,196	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,457,099	0.000000	0.000000	6,059,841	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,235,808	0.000000	0.000000	1,876,212	68.00
69.00	06900 ELECTROCARDIOLOGY	0	15,819,971	0.000000	0.000000	76,281	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,484,724	0.000000	0.000000	69,476	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	49,259,811	0.000000	0.000000	19,833	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	51,599,957	0.000000	0.000000	3,728,594	73.00
74.00	07400 RENAL DIALYSIS	0	3,309,092	0.000000	0.000000	649,948	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0.000000	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	6,800,879	0.000000	0.000000	165	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0	0.000000	0.000000	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	1,412,959	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	6,593,171	0.000000	0.000000	389	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	0	1,601,226	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	318,141	57,774,691	0.005507	0.005507	118,439	91.00
91.01	09101 CIVILLE OUT	0	451,108	0.000000	0.000000	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000	0.000000	0	91.02
91.03	09103 NUTRITION COUNSELING	0	291,430	0.000000	0.000000	0	91.03
91.04	09104 HUNTLEY OP	0	0	0.000000	0.000000	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	13,416,939	0.000000	0.000000	345,402	92.00
200.00	Total (lines 50-199)	377,206	641,099,126			25,533,053	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:48 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	21	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03650 VASCULAR LAB	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	13	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	927	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	195	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	652	3,764	21	0	0	91.00
91.01	09101 CIVILLE OUT	0	0	0	0	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING	0	0	0	0	0	91.03
91.04	09104 HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6	0	0	0	92.00
200.00	Total (lines 50-199)	1,624	3,965	21	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:48 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03650 VASCULAR LAB	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	76.00
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03 03951 OCCUPATIONAL HEALTH	0	0	76.03
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
90.01 09001 OUTPATIENT PROCEDURES	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 CIVILLE OUT	0	0	91.01
91.02 09102 LAKE HILL OUT	0	0	91.02
91.03 09103 NUTRITION COUNSELING	0	0	91.03
91.04 09104 HUNTLEY OP	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 12:48 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.068303	0	0	152	0	50.00
51.00 05100 RECOVERY ROOM	0.135023	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.021691	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.171120	0	0	0	0	54.00
54.01 03650 VASCULAR LAB	0.085456	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.246094	0	0	0	0	55.00
57.00 05700 CT SCAN	0.024782	0	0	0	0	57.00
58.00 05800 MRI	0.051625	0	0	45	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.092284	0	0	0	0	59.00
60.00 06000 LABORATORY	0.126087	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.382761	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.139772	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.170017	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.076792	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.005779	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.107087	195	0	0	21	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.550979	0	0	1	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.234067	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.269635	0	0	7,875	0	73.00
74.00 07400 RENAL DIALYSIS	0.283953	0	0	0	0	74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTER	0.000000	0	0	0	0	76.00
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.136773	0	0	0	0	76.02
76.03 03951 OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.03
76.97 07697 CARDIAC REHABILITATION	0.315201	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.150077	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OUTPATIENT PROCEDURES	0.172272	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.123804	3,764	0	0	466	91.00
91.01 09101 CIVILLE OUT	0.669272	0	0	0	0	91.01
91.02 09102 LAKE HILL OUT	0.000000	0	0	0	0	91.02
91.03 09103 NUTRITION COUNSELING	0.761301	0	0	0	0	91.03
91.04 09104 HUNTLEY OP	0.000000	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.249143	6	0	0	1	92.00
200.00 Subtotal (see instructions)		3,965	0	8,073	488	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)		3,965	0	8,073	488	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 12:48 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	10	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03650 VASCULAR LAB	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	2	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,123	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	76.00
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03 03951 OCCUPATIONAL HEALTH	0	0	76.03
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
90.01 09001 OUTPATIENT PROCEDURES	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 CIVILLE OUT	0	0	91.01
91.02 09102 LAKE HILL OUT	0	0	91.02
91.03 09103 NUTRITION COUNSELING	0	0	91.03
91.04 09104 HUNTLEY OP	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	2,136	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	2,136	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/25/2017 12:48 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XIX Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,167,921	0	2,167,921	20,901	103.72	30.00	
31.00	INTENSIVE CARE UNIT	368,258	0	368,258	2,577	142.90	31.00	
40.00	SUBPROVIDER - IPF	460,884	0	460,884	6,104	75.51	40.00	
41.00	SUBPROVIDER - IRF	1,045,811	0	1,045,811	13,450	77.76	41.00	
200.00	Total (lines 30-199)	4,042,874		4,042,874	43,032		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	981	101,749					30.00
31.00	INTENSIVE CARE UNIT	121	17,291					31.00
40.00	SUBPROVIDER - IPF	614	46,363					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
200.00	Total (lines 30-199)	1,716	165,403					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0217

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

Worksheet D
Part II
Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description		Title XIX			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	852,703	101,302,923	0.008417	0	0	50.00
51.00	05100	RECOVERY ROOM	359,303	35,616,048	0.010088	0	0	51.00
53.00	05300	ANESTHESIOLOGY	16,709	16,468,252	0.001015	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	596,565	31,616,656	0.018869	0	0	54.00
54.01	03650	VASCULAR LAB	50,021	9,759,053	0.005126	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	832,349	21,580,365	0.038570	0	0	55.00
57.00	05700	CT SCAN	68,293	55,675,801	0.001227	0	0	57.00
58.00	05800	MRI	55,753	15,340,334	0.003634	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	187,161	25,409,384	0.007366	0	0	59.00
60.00	06000	LABORATORY	227,979	59,511,517	0.003831	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	33,049	1,634,413	0.020221	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	77,385	12,918,613	0.005990	0	0	65.00
66.00	06600	PHYSICAL THERAPY	74,350	17,756,902	0.004187	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	228,713	8,457,099	0.027044	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,008	3,235,808	0.000312	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	213,885	15,819,971	0.013520	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	177,192	16,484,724	0.010749	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	230,874	49,259,811	0.004687	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	518,048	51,599,957	0.010040	0	0	73.00
74.00	07400	RENAL DIALYSIS	23,080	3,309,092	0.006975	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	83,540	6,800,879	0.012284	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	46	0	0.000000	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	70,767	1,412,959	0.050084	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	97,525	6,593,171	0.014792	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	1,432	1,601,226	0.000894	0	0	90.01
91.00	09100	EMERGENCY	604,894	57,774,691	0.010470	0	0	91.00
91.01	09101	CIVILLE OUT	1,720	451,108	0.003813	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0.000000	0	0	91.02
91.03	09103	NUTRITION COUNSELING	1,309	291,430	0.004492	0	0	91.03
91.04	09104	HUNTLEY OP	97	0	0.000000	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	361,888	13,416,939	0.026972	0	0	92.00
200.00		Total (Lines 50-199)	6,047,638	641,099,126		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/25/2017 12:48 pm
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Cost Center Description			Title XIX				Hospital		PPS	
			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	13,424	0	0	13,424		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	51,010	0	0	51,010		31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0		40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0		41.00	
200.00		Total (lines 30-199)	0	64,434	0	0	64,434		200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School			
			6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	20,901	0.64	981	628	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	2,577	19.79	121	2,395	0		31.00	
40.00	04000	SUBPROVIDER - IPF	6,104	0.00	614	0	0		40.00	
41.00	04100	SUBPROVIDER - IRF	13,450	0.00	0	0	0		41.00	
200.00		Total (lines 30-199)	43,032		1,716	3,023	0		200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost						
			12.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0	0						31.00
40.00	04000	SUBPROVIDER - IPF	0	0						40.00
41.00	04100	SUBPROVIDER - IRF	0	0						41.00
200.00		Total (lines 30-199)	0	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:48 pm
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Cost Center Description	Title XIX				Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	13,424	0	13,424	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00	
53.00 05300 ANESTHESIOLOGY	0	0	32,217	0	32,217	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01 03650 VASCULAR LAB	0	0	0	0	0	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00 05700 CT SCAN	0	0	0	0	0	57.00	
58.00 05800 MRI	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	6,712	0	6,712	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	0	0	6,712	0	6,712	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00 03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00	
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02	
76.03 03951 OCCUPATIONAL HEALTH	0	0	0	0	0	76.03	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 OUTPATIENT PROCEDURES	0	0	0	0	0	90.01	
91.00 09100 EMERGENCY	0	0	318,141	0	318,141	91.00	
91.01 09101 CIVILLE OUT	0	0	0	0	0	91.01	
91.02 09102 LAKE HILL OUT	0	0	0	0	0	91.02	
91.03 09103 NUTRITION COUNSELING	0	0	0	0	0	91.03	
91.04 09104 HUNTLEY OP	0	0	0	0	0	91.04	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
200.00 Total (lines 50-199)	0	0	377,206	0	377,206	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:48 pm
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Cost Center Description		Title XIX			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	13,424	101,302,923	0.000133	0.000133	0	50.00
51.00	05100 RECOVERY ROOM	0	35,616,048	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	32,217	16,468,252	0.001956	0.001956	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	31,616,656	0.000000	0.000000	0	54.00
54.01	03650 VASCULAR LAB	0	9,759,053	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	21,580,365	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	55,675,801	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	15,340,334	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,712	25,409,384	0.000264	0.000264	0	59.00
60.00	06000 LABORATORY	0	59,511,517	0.000000	0.000000	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,634,413	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	6,712	12,918,613	0.000520	0.000520	0	65.00
66.00	06600 PHYSICAL THERAPY	0	17,756,902	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,457,099	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,235,808	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	15,819,971	0.000000	0.000000	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,484,724	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	49,259,811	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	51,599,957	0.000000	0.000000	0	73.00
74.00	07400 RENAL DIALYSIS	0	3,309,092	0.000000	0.000000	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000	0.000000	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	6,800,879	0.000000	0.000000	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0	0.000000	0.000000	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	1,412,959	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	6,593,171	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	0	1,601,226	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	318,141	57,774,691	0.005507	0.005507	0	91.00
91.01	09101 CIVILLE OUT	0	451,108	0.000000	0.000000	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000	0.000000	0	91.02
91.03	09103 NUTRITION COUNSELING	0	291,430	0.000000	0.000000	0	91.03
91.04	09104 HUNTLEY OP	0	0	0.000000	0.000000	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	13,416,939	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	377,206	641,099,126			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0217

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03650	VASCULAR LAB	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	CVILLE OUT	0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 12:48 pm
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XIX	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	03650 VASCULAR LAB	0	0			54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0			76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0			76.03
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OUTPATIENT PROCEDURES	0	0			90.01
91.00	09100 EMERGENCY	0	0			91.00
91.01	09101 C'VILLE OUT	0	0			91.01
91.02	09102 LAKE HILL OUT	0	0			91.02
91.03	09103 NUTRITION COUNSELING	0	0			91.03
91.04	09104 HUNTLEY OP	0	0			91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
200.00	Total (lines 50-199)	0	0			200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2017 12:48 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)		20,901	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,901	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)		17,412	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)		10,503	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)		20,024,914	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)		20,024,914	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)		20,024,914	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)		958.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,062,714	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)		10,062,714	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 12:48 pm
Title XVIII			Hospital		PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	5,534,897	2,577	2,147.81	1,150	2,469,982
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
Cost Center Description					
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				18,358,738
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				30,891,434
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				1,283,187
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,017,203
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,300,390
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				28,591,044
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
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
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				71.00
72.00	Program routine service cost (line 9 x line 71)				72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				76.00
77.00	Program capital-related costs (line 9 x line 76)				77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				80.00
81.00	Inpatient routine service cost per diem limitation				81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				82.00
83.00	Reasonable inpatient routine service costs (see instructions)				83.00
84.00	Program inpatient ancillary services (see instructions)				84.00
85.00	Utilization review - physician compensation (see instructions)				85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				3,489
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				958.08
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,342,741

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 12:48 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	2,167,921	20,024,914	0.108261	3,342,741	361,888	90.00
91.00	Nursing School cost	0	20,024,914	0.000000	3,342,741	0	91.00
92.00	Allied health cost	13,424	20,024,914	0.000670	3,342,741	2,240	92.00
93.00	All other Medical Education	0	20,024,914	0.000000	3,342,741	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 12:48 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)		13,450	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,450	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)		13,450	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)		11,444	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)		14,829,708	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)		14,829,708	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)		14,829,708	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)		1,102.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,617,926	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)		12,617,926	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0217 Component CCN: 14-T217		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 12:48 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,689,170	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,307,096	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)					889,885	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					272,047	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,161,932	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,145,164	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: 14-0217 Component CCN: 14-T217		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 12:48 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	1,045,811	14,829,708	0.070521	0	0	90.00
91.00	Nursing School cost	0	14,829,708	0.000000	0	0	91.00
92.00	Allied health cost	0	14,829,708	0.000000	0	0	92.00
93.00	All other Medical Education	0	14,829,708	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 12:48 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,901	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,901	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)		17,412	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)		981	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)		20,024,914	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)		20,024,914	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)		20,024,914	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)		958.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		939,876	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)		939,876	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 12:48 pm
Title XIX			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)					42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	5,534,897	2,577	2,147.81	121	259,885 43.00
44.00 CORONARY CARE UNIT					44.00
45.00 BURN INTENSIVE CARE UNIT					45.00
46.00 SURGICAL INTENSIVE CARE UNIT					46.00
47.00 OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0 48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,199,761 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)					122,063 50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0 51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					122,063 52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,077,698 53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0 54.00
55.00 Target amount per discharge					0.00 55.00
56.00 Target amount (line 54 x line 55)					0 56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00
58.00 Bonus payment (see instructions)					0 58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00 59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00 60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0 61.00
62.00 Relief payment (see instructions)					0 62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0 64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0 65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0 66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0 67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0 68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					3,489 87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					958.08 88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,342,741 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 12:48 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	2,167,921	20,024,914	0.108261	3,342,741	361,888	90.00
91.00	Nursing School cost	0	20,024,914	0.000000	3,342,741	0	91.00
92.00	Allied health cost	13,424	20,024,914	0.000670	3,342,741	2,240	92.00
93.00	All other Medical Education	0	20,024,914	0.000000	3,342,741	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 12:48 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		36,910,368	30.00
31.00	03100	INTENSIVE CARE UNIT		10,637,100	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.068307	24,531,147	50.00
51.00	05100	RECOVERY ROOM	0.135023	7,157,339	51.00
53.00	05300	ANESTHESIOLOGY	0.021691	3,502,154	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.171355	3,923,783	54.00
54.01	03650	VASCULAR LAB	0.085456	1,175,999	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.247417	373,210	55.00
57.00	05700	CT SCAN	0.024782	7,145,747	57.00
58.00	05800	MRI	0.051625	1,704,847	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092692	6,531,142	59.00
60.00	06000	LABORATORY	0.126250	13,252,787	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.382761	548,444	62.00
65.00	06500	RESPIRATORY THERAPY	0.139772	5,270,288	65.00
66.00	06600	PHYSICAL THERAPY	0.170017	1,954,355	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.076792	712,199	67.00
68.00	06800	SPEECH PATHOLOGY	0.005779	558,045	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107393	2,901,674	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.550979	4,408,021	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.234067	16,213,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269635	9,666,762	73.00
74.00	07400	RENAL DIALYSIS	0.283953	961,017	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0.000000	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.136773	865,625	76.02
76.03	03951	OCCUPATIONAL HEALTH	0.000000	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.315201	523	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.150178	8,517	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT PROCEDURES	0.172272	0	90.01
91.00	09100	EMERGENCY	0.123943	6,648,617	91.00
91.01	09101	CVILLE OUT	0.669272	0	91.01
91.02	09102	LAKE HILL OUT	0.000000	0	91.02
91.03	09103	NUTRITION COUNSELING	0.761301	0	91.03
91.04	09104	HUNTLEY OP	0.000000	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.249143	2,153,165	92.00
200.00		Total (sum of lines 50-94 and 96-98)		122,168,987	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)		122,168,987	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 12:48 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
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		32,564,902	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.068307	79,999	50.00
51.00	05100	RECOVERY ROOM	0.135023	20,962	51.00
53.00	05300	ANESTHESIOLOGY	0.021691	10,521	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.171355	334,880	54.00
54.01	03650	VASCULAR LAB	0.085456	229,295	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.247417	5,008	55.00
57.00	05700	CT SCAN	0.024782	470,144	57.00
58.00	05800	MRI	0.051625	129,925	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092692	48,779	59.00
60.00	06000	LABORATORY	0.126250	2,708,949	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.382761	92,889	62.00
65.00	06500	RESPIRATORY THERAPY	0.139772	1,781,926	65.00
66.00	06600	PHYSICAL THERAPY	0.170017	6,675,196	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.076792	6,059,841	67.00
68.00	06800	SPEECH PATHOLOGY	0.005779	1,876,212	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107393	76,281	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.550979	69,476	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.234067	19,833	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269635	3,728,594	73.00
74.00	07400	RENAL DIALYSIS	0.283953	649,948	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0.000000	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.136773	165	76.02
76.03	03951	OCCUPATIONAL HEALTH	0.000000	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.315201	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.150178	389	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT PROCEDURES	0.172272	0	90.01
91.00	09100	EMERGENCY	0.123943	118,439	91.00
91.01	09101	CVILLE OUT	0.669272	0	91.01
91.02	09102	LAKE HILL OUT	0.000000	0	91.02
91.03	09103	NUTRITION COUNSELING	0.761301	0	91.03
91.04	09104	HUNTLEY OP	0.000000	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.249143	345,402	92.00
200.00		Total (sum of lines 50-94 and 96-98)		25,533,053	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)		25,533,053	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 12:48 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)		17,430,882	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,430,985	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)		643,159	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		104.47	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.84	30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.17	31.00
32.00	Sum of lines 30 and 31		31.01	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.58	33.00
34.00	Disproportionate share adjustment (see instructions)		571,492	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 12:48 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)		822,646	738,925	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		615,861	186,250	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		802,111		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		25,878,629		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		25,878,629		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,173,722		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		5,179		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		29,481		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		51,552		58.00
59.00	Total (sum of amounts on lines 49 through 58)		28,138,563		59.00
60.00	Primary payer payments		7,256		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		28,131,307		61.00
62.00	Deductibles billed to program beneficiaries		2,235,296		62.00
63.00	Coinurance billed to program beneficiaries		47,656		63.00
64.00	Allowable bad debts (see instructions)		247,690		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		160,999		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		165,417		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		26,009,354		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			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)		-49,516		70.93
70.94	HRR adjustment amount (see instructions)		-59,294		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 12:48 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)			25,900,544	71.00
71.01	Sequestration adjustment (see instructions)			518,011	71.01
72.00	Interim payments			25,164,415	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)			218,118	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			115,395	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 DSH PAYMENT PERCENTAGE		Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet DSH	
		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	3.84	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	27.17	0.00			27.17	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	31.01	0.00			27.17	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	104.47	0.00			104.47	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	9.58	0.00			11.63	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	3.84	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.80	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	3,460	0			3,460	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,139	0			1,139	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	413	0			413	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	450	0			450	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	5,462	0			5,462	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	19,989	0			19,989	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	113	0			113	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	20,102	0			20,102	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	27.17	0.00			27.17	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0217		Period: From 01/01/2016 To 12/31/2016		Worksheet DSH Date/Time Prepared: 5/25/2017 12:48 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	14.80		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		14.80		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		14.80		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet DSH Date/Time Prepared: 5/25/2017 12:48 pm
		Title XVIII	Hospital	PPS

		Revised	
		Percentage	
		6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	11.63	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	11.63	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	11.63	31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0217

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2017 12:48 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	17,430,882	0	17,430,882		17,430,882	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,430,985	0		6,430,985	6,430,985	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	643,159	0	506,759	136,400	643,159	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0958	0.0958	0.0958	0.0958		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	571,492	0	417,470	154,022	571,492	11.00
11.01	Uncompensated care payments	36.00	802,111	0	719,336	207,352	926,688	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	25,878,629	0	18,949,870	6,928,759	25,878,629	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	25,878,629	0	18,949,870	6,928,759	25,878,629	15.00
16.00	Payment for inpatient program capital	50.00	2,173,722	0	1,597,914	575,808	2,173,722	16.00
17.00	Special add-on payments for new technologies	54.00	5,179	0	3,107	2,071	5,178	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0217

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2017 12:48 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	20,550,891	7,506,638	28,057,529	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,918,790	0	1,398,179	520,611	1,918,790	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	130,594	0	109,133	21,461	130,594	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0648	0.0648	0.0648	0.0648		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	124,338	0	90,602	33,736	124,338	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,173,722	0	1,597,914	575,808	2,173,722	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0217

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/25/2017 12:48 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	17,430,882	17,430,882		17,430,882	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,430,985		6,430,985	6,430,985	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	643,159	506,759	136,400	643,159	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0958	0.0958	0.0958		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	571,492	417,470	154,022	571,492	11.00
11.01	Uncompensated care payments	36.00	802,111	615,861	186,250	802,111	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	25,878,629	18,970,972	6,907,657	25,878,629	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	25,878,629	18,970,972	6,907,657	25,878,629	15.00
16.00	Payment for inpatient program capital	50.00	2,173,722	1,597,914	575,808	2,173,722	16.00
17.00	Special add-on payments for new technologies	54.00	5,179	3,108	2,071	5,179	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			20,571,994	7,485,536	28,057,530	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2017 12:48 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,918,790	1,398,179	520,611	1,918,790	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	130,594	109,133	21,461	130,594	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0648	0.0648	0.0648		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	124,338	90,602	33,736	124,338	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,173,722	1,597,914	575,808	2,173,722	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-49,516	-33,547	-15,969	-49,516	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-59,294	-47,071	-12,223	-59,294	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/25/2017 12:48 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,541	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,372,522	2.00
3.00	PPS payments		12,179,546	3.00
4.00	Outlier payment (see instructions)		117,462	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		53,918	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		11,541	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		43,634	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)		43,634	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)		43,634	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		32,093	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)		11,541	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		12,350,926	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)		2,433,787	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)		9,928,680	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)		9,928,680	30.00
31.00	Primary payer payments		82	31.00
32.00	Subtotal (line 30 minus line 31)		9,928,598	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)		230,433	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		149,781	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		156,167	36.00
37.00	Subtotal (see instructions)		10,078,379	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)		10,078,379	40.00
40.01	Sequestration adjustment (see instructions)		201,568	40.01
41.00	Interim payments		9,840,253	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		36,558	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
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/25/2017 12:48 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,136	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		467	2.00
3.00	PPS payments		1,637	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		21	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,136	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		8,073	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)		8,073	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)		8,073	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		5,937	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)		2,136	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		1,658	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)		11	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)		3,783	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)		3,783	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,783	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)		3,783	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)		3,783	40.00
40.01	Sequestration adjustment (see instructions)		76	40.01
41.00	Interim payments		3,888	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-181	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
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0217

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2017 12:48 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		24,925,745		9,674,595	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		403,529		268,568	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	12/22/2016	164,859	12/22/2016	102,910	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)		-164,859		-102,910	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)		25,164,415		9,840,253	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		218,118		36,558	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		25,382,533		9,876,811	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: 14-0217
Component CCN: 14-T217

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2017 12:48 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		18,293,942		3,888	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		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)		18,293,942		3,888	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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		25,297		181	6.02
7.00	Total Medicare program liability (see instructions)		18,268,645		3,707	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: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/25/2017 12:48 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		4,552	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		11,653	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		1,911	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		19,989	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		781,758,649	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		22,166,001	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)		468,033	8.00
9.00	Sequestration adjustment amount (see instructions)		9,361	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		458,672	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		394,311	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)		64,361	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/25/2017 12:48 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			18,657,734 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0080 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			80,228 3.00
4.00	Outlier Payments			158,482 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)			36.748634 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)			18,896,444 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)			18,896,444 17.00
18.00	Primary payer payments			1,494 18.00
19.00	Subtotal (line 17 less line 18).			18,894,950 19.00
20.00	Deductibles			198,268 20.00
21.00	Subtotal (line 19 minus line 20)			18,696,682 21.00
22.00	Coinsurance			56,994 22.00
23.00	Subtotal (line 21 minus line 22)			18,639,688 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			250 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			163 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			250 26.00
27.00	Subtotal (sum of lines 23 and 25)			18,639,851 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)			1,624 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)			18,641,475 32.00
32.01	Sequestration adjustment (see instructions)			372,830 32.01
33.00	Interim payments			18,293,942 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)			-25,297 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			4,338 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			158,482 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 14-0217

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

Worksheet G

Date/Time Prepared:
5/25/2017 12:48 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,218,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	22,960,000	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	2,874,000	0	0	0	7.00
8.00	Prepaid expenses	1,706,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	12,615,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	41,373,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,549,055	0	0	0	12.00
13.00	Land improvements	1,730,493	0	0	0	13.00
14.00	Accumulated depreciation	-650,243	0	0	0	14.00
15.00	Buildings	45,774,141	0	0	0	15.00
16.00	Accumulated depreciation	-10,568,252	0	0	0	16.00
17.00	Leasehold improvements	556,799	0	0	0	17.00
18.00	Accumulated depreciation	-137,055	0	0	0	18.00
19.00	Fixed equipment	300,984	0	0	0	19.00
20.00	Accumulated depreciation	-17,394	0	0	0	20.00
21.00	Automobiles and trucks	44,161	0	0	0	21.00
22.00	Accumulated depreciation	-27,524	0	0	0	22.00
23.00	Major movable equipment	16,075,532	0	0	0	23.00
24.00	Accumulated depreciation	-8,256,455	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)	47,374,242	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	3,871,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,871,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	92,618,242	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,701,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	40,000	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	15,372,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,113,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,113,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	74,505,242	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	74,505,242	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	92,618,242	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0217

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

Worksheet G-1

Date/Time Prepared:
5/25/2017 12:48 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		64,154,978		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		12,013,293			2.00
3.00	Total (sum of line 1 and line 2)		76,168,271		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		76,168,271		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00	NET ASSET TRANSFER	1,663,030		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		1,663,030		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		74,505,241		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00	NET ASSET TRANSFER		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: 14-0217

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2017 12:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	80,305,143		80,305,143	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	38,269,455		38,269,455	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	118,574,598		118,574,598	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,084,925		22,084,925	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	22,084,925		22,084,925	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	140,659,523		140,659,523	17.00
18.00	Ancillary services	293,815,791	293,847,551	587,663,342	18.00
19.00	Outpatient services	0	53,435,782	53,435,782	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	434,475,314	347,283,333	781,758,647	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		139,740,644		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)		139,740,644		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet G-3 Date/Time Prepared: 5/25/2017 12:48 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	781,758,647	1.00
2.00	Less contractual allowances and discounts on patients' accounts	633,434,716	2.00
3.00	Net patient revenues (line 1 minus line 2)	148,323,931	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	139,740,644	4.00
5.00	Net income from service to patients (line 3 minus line 4)	8,583,287	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,719	6.00
7.00	Income from investments	121,143	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	497,438	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	97,280	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	2,711,426	24.00
25.00	Total other income (sum of lines 6-24)	3,430,006	25.00
26.00	Total (line 5 plus line 25)	12,013,293	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,013,293	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0217	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/25/2017 12:48 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,918,790	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		130,594	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)		54.92	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.84	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.17	8.00
9.00	Sum of lines 7 and 8		31.01	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.48	10.00
11.00	Disproportionate share adjustment (see instructions)		124,338	11.00
12.00	Total prospective capital payments (see instructions)		2,173,722	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