

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: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 6:11 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/24/2017	Time: 6:11 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE LUTHERAN GENERAL HOSPITAL (14-0223) 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	1,608,039	657,428	0	0	1.00
2.00 Subprovider - IPF	0	46,959	-1		0	2.00
3.00 Subprovider - IRF	0	55,035	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	1,710,033	657,427	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0223		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 6:09 am						
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60068- County: COOK						
1.00 Street: 1775 W. DEMPSTER STREET		2.00 City: PARK RIDGE										
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				
1.00 Hospital and Hospital-Based Component Identification:												
3.00	Hospital	ADVOCATE LUTHERAN GENERAL HOSPITAL	140223	16974	1	07/01/1966	N	P	0	3.00		
4.00	Subprovider - IPF	ADVOCATE LUTHERAN GENERAL HOSPITAL	14S223	16974	4	07/01/1984	N	P	0	4.00		
5.00	Subprovider - IRF	ADVOCATE LUTHERAN GENERAL HOSPITAL	14T223	16974	5	07/01/1984	N	P	0	5.00		
6.00	Subprovider - (Other)									6.00		
7.00	Swing Beds - SNF									7.00		
8.00	Swing Beds - NF									8.00		
9.00	Hospital-Based SNF									9.00		
10.00	Hospital-Based NF									10.00		
11.00	Hospital-Based OLTC									11.00		
12.00	Hospital-Based HHA									12.00		
13.00	Separately Certified ASC									13.00		
14.00	Hospital-Based Hospice									14.00		
15.00	Hospital-Based Health Clinic - RHC									15.00		
16.00	Hospital-Based Health Clinic - FQHC									16.00		
17.00	Hospital-Based (CMHC) I									17.00		
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.					4,860	14,605	0	1,109	10,059	0	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.					89	353	0	0	209		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 6:09 am			
		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.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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)							61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count				
	1.00	2.00	3.00	4.00					
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20
						1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)									
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings									
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						Y	63.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
			1.00	2.00	3.00				
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.									
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			10.41	73.07	0.124701	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)			1350	9.97	26.06	0.276714	65.00	
65.01	INTERNAL MEDICINE			1400	11.35	54.94	0.171217	65.01	
65.02	INTERNAL MEDICINE			3900	2.17	7.43	0.226042	65.02	
65.03	PEDIATRICS			2000	7.34	35.78	0.170223	65.03	

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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)		6.86	83.19	0.076180		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	7.36	20.09	0.268124	
67.01		INTERNAL MEDICINE	1400	9.20	46.93	0.163905	
67.02		INTERNAL MEDICINE	3900	1.82	7.20	0.201774	
67.03		OSTEOPATHIC					
67.04		PEDIATRICS	2000	7.18	30.73	0.189396	
67.05				0.00	0.00	0.000000	
				0.00	0.00	0.000000	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				Y	N	0
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)				Y	N	0
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital a "subclause (11)" LTCH classified under section 1886(d)(1)(B)(iv)(11)? Enter "Y" for yes or "N" for no.					N	87.00

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		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	
				1.00	2.00 3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,768,980	944,750	-3,166,338	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06		122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0223		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 6:09 am	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
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	14H036				140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 06101			141.00
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:					142.00
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515				143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y				144.00
		1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y					145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		155.00
156.00	Subprovider - IPF	N	N	N	N		156.00
157.00	Subprovider - IRF	N	N	N	N		157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N		159.00
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00
161.00	CMHC		N	N	N		161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 6:09 am
				1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		9.99	169.00
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2016	12/31/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0223		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 6:09 am	
		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	03/10/2017			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.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				Y		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	03/29/2017	Y	03/21/2017		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: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 6:09 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JULIE		BARGER	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH AND HOSPITALS CORP.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5758		JULIE.BARGER@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0223

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

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2017 6:09 am

		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.	SR. REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 6:09 am

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	415	151,890	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)		415	151,890	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	29	10,614	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	32	11,712	0.00	0	9.00
9.01 NEONATAL CARE UNIT	32.01	54	19,764	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		530	193,980	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	49	17,934		0	16.00
17.00 SUBPROVIDER - IRF	41.00	45	16,470		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	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)		624				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)		17	6,222			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: 14-0223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 6:09 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	36,897	6,055	101,154			1.00
2.00 HMO and other (see instructions)	9,424	17,925				2.00
3.00 HMO IPF Subprovider	552	1,558				3.00
4.00 HMO IRF Subprovider	645	227				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)	36,897	6,055	101,154			7.00
8.00 INTENSIVE CARE UNIT	1,011	1,007	6,715			8.00
9.00 CORONARY CARE UNIT	3,767	506	8,259			9.00
9.01 NEONATAL CARE UNIT	0	3,743	14,193			9.01
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,008	8,117			13.00
14.00 Total (see instructions)	41,675	12,319	138,438	209.98	3,240.81	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,014	604	10,175	3.32	75.41	16.00
17.00 SUBPROVIDER - IRF	7,261	332	12,390	0.10	77.58	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	848			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	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)				213.40	3,393.80	27.00
28.00 Observation Bed Days		810	13,949			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	389	1,130			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: 14-0223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 6:09 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	8,543	1,973	26,235	1.00
2.00 HMO and other (see instructions)				1,691	3,996		2.00
3.00 HMO IPF Subprovider					192		3.00
4.00 HMO IRF Subprovider					20		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
9.01 NEONATAL CARE UNIT							9.01
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	8,543	1,973		26,235	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	260	98		1,149	16.00
17.00 SUBPROVIDER - IRF	0.00	0	552	19		938	17.00
18.00 SUBPROVIDER	0.00	0		0		0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						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: 14-0223		Period: From 01/01/2016 To 12/31/2016		Worksheet S-3 Part II Date/Time Prepared: 5/24/2017 6:09 am	
	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	242,123,068	0	242,123,068	7,038,508.00	34.40	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		3,336,283	0	3,336,283	22,633.00	147.41	4.00
4.01	Physicians - Part A - Teaching		6,374,453	0	6,374,453	51,446.00	123.91	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	13,150,571	0	13,150,571	498,149.00	26.40	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)		11,916,253	-721,933	11,194,320	343,536.00	32.59	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		1,080,284	0	1,080,284	13,794.00	78.32	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		5,900,962	0	5,900,962	44,138.00	133.69	13.00
14.00	Home office and/or related organization salaries and wage-related costs		24,147,746	0	24,147,746	377,721.00	63.93	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)		55,013,740	0	55,013,740			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,064,740	0	3,064,740			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		628,590	0	628,590			22.00
22.01	Physician Part A - Teaching		1,096,203	0	1,096,203			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)		2,693,456	0	2,693,456			25.00
25.50	Home office wage-related		5,546,539	0	5,546,539			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	3,558,366	-2,565,334	993,032	18,375.00	54.04	26.00
27.00	Administrative & General	5.00	21,711,543	408,663	22,120,206	581,222.00	38.06	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0223

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2017 6:09 am

		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.)		1,760,654	0	1,760,654	9,295.00	189.42	28.00
29.00	Maintenance & Repairs	6.00	4,871,379	62,898	4,934,277	171,424.00	28.78	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	4,866,985	16,740	4,883,725	317,673.00	15.37	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,802,265	-2,135,109	1,667,156	95,608.00	17.44	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	2,171,883	2,171,883	127,353.00	17.05	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,472,204	1,830,226	4,302,430	72,040.00	59.72	38.00
39.00	Central Services and Supply	14.00	2,573,044	17,652	2,590,696	93,502.00	27.71	39.00
40.00	Pharmacy	15.00	8,852,994	-99,616	8,753,378	207,047.00	42.28	40.00
41.00	Medical Records & Medical Records Library	16.00	0	350	350	146.00	2.40	41.00
42.00	Social Service	17.00	1,984,484	7,232	1,991,716	50,057.00	39.79	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0223

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2017 6:09 am

	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)	224,358,698	0	224,358,698	6,498,208.00	34.53	1.00
2.00	Excluded area salaries (see instructions)	11,916,253	-721,933	11,194,320	343,536.00	32.59	2.00
3.00	Subtotal salaries (line 1 minus line 2)	212,442,445	721,933	213,164,378	6,154,672.00	34.63	3.00
4.00	Subtotal other wages & related costs (see inst.)	31,128,992	0	31,128,992	435,653.00	71.45	4.00
5.00	Subtotal wage-related costs (see inst.)	61,188,869	0	61,188,869	0.00	28.71	5.00
6.00	Total (sum of lines 3 thru 5)	304,760,306	721,933	305,482,239	6,590,325.00	46.35	6.00
7.00	Total overhead cost (see instructions)	56,453,918	-284,415	56,169,503	1,743,742.00	32.21	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2017 6:09 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,569,402	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	3,744,303	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	473,182	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)	22,683,367	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	5,051,297	9.00
10.00	Dental, Hearing and Vision Plan	947,640	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	228,488	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,478,552	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,993,000	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	16,932,369	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	87,405	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))	386,373	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	921,351	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	62,496,729	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: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/24/2017 6:09 am
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		1,080,284	62,496,729 1.00
2.00	Hospital		1,080,284	59,431,989 2.00
3.00	Subprovider - IPF		0	1,588,059 3.00
4.00	Subprovider - IRF		0	1,476,681 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/24/2017 6:09 am
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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)		0.245456	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		48,725,600	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		371,651,376	6.00
7.00	Medicaid cost (line 1 times line 6)		91,224,060	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)		42,498,460	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)		42,498,460	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)	30,475,710	6,424,290	36,900,000
21.00	Cost of patients approved for charity care (line 1 times line 20)	7,480,446	1,576,881	9,057,327
22.00	Partial payment by patients approved for charity care	570,701	522,909	1,093,610
23.00	Cost of charity care (line 21 minus line 22)	6,909,745	1,053,972	7,963,717
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		21,972,000	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,606,093	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		20,365,907	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		4,998,934	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,962,651	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		55,461,111	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0223		Period: From 01/01/2016 To 12/31/2016		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	19,703,494	19,703,494	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	12,907,991	12,907,991	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,558,366	43,285,406	46,843,772	-2,565,418	44,278,354	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	1,414,632	2,439,516	3,854,148	11,338	3,865,486	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	25,317,449	25,317,449	15,963	25,333,412	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	20,296,911	153,866,612	174,163,523	-17,027,347	157,136,176	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,871,379	17,937,514	22,808,893	-62,661	22,746,232	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,792,510	2,792,510	8.00
9.00	00900	HOUSEKEEPING	4,866,985	5,081,561	9,948,546	-2,781,781	7,166,765	9.00
10.00	01000	DIETARY	3,802,265	4,192,537	7,994,802	-2,531,233	5,463,569	10.00
11.00	01100	CAFETERIA	0	0	0	2,501,126	2,501,126	11.00
13.00	01300	NURSING ADMINISTRATION	2,472,204	939,798	3,412,002	1,892,165	5,304,167	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,573,044	862,136	3,435,180	-218,171	3,217,009	14.00
15.00	01500	PHARMACY	8,852,994	30,380,531	39,233,525	-27,504,542	11,728,983	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	597,772	597,772	-1,196	596,576	16.00
17.00	01700	SOCIAL SERVICE	1,984,484	297,676	2,282,160	7,232	2,289,392	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	13,150,571	3,262,625	16,413,196	0	16,413,196	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,374,453	7,840,840	14,215,293	48,290	14,263,583	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	1,157,855	169,274	1,327,129	-1,003,434	323,695	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	177,541	177,541	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,743,628	5,836,357	58,579,985	-2,104,769	56,475,216	30.00
31.00	03100	INTENSIVE CARE UNIT	6,448,970	1,219,612	7,668,582	-90,931	7,577,651	31.00
32.00	03200	CORONARY CARE UNIT	7,045,408	1,624,015	8,669,423	-116,350	8,553,073	32.00
32.01	03201	NEONATAL CARE UNIT	9,394,106	1,036,878	10,430,984	-77,046	10,353,938	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	5,439,708	504,387	5,944,095	28,343	5,972,438	40.00
41.00	04100	SUBPROVIDER - I RF	5,058,197	558,492	5,616,689	-198,726	5,417,963	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,574,698	1,574,698	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,347,229	4,541,915	15,889,144	-2,007,821	13,881,323	50.00
51.00	05100	RECOVERY ROOM	1,670,761	189,463	1,860,224	6,097	1,866,321	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,000,287	717,982	5,718,269	-121,013	5,597,256	52.00
53.00	05300	ANESTHESIOLOGY	657,356	941,778	1,599,134	-112,280	1,486,854	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,898,243	2,047,259	10,945,502	-1,413,680	9,531,822	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,243,546	6,608,169	7,851,715	-538,685	7,313,030	55.00
56.00	05600	RADIOISOTOPE	1,422,858	1,489,277	2,912,135	-378,202	2,533,933	56.00
57.00	05700	CT SCAN	1,840,678	952,998	2,793,676	-414,193	2,379,483	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,590,146	1,169,468	2,759,614	-771,766	1,987,848	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,593,488	1,453,071	3,046,559	-1,073,724	1,972,835	59.00
60.00	06000	LABORATORY	0	15,372,581	15,372,581	6,207	15,378,788	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,677,414	1,677,414	0	1,677,414	62.00
65.00	06500	RESPIRATORY THERAPY	7,122,748	928,298	8,051,046	-125,628	7,925,418	65.00
66.00	06600	PHYSICAL THERAPY	5,320,915	461,108	5,782,023	63,567	5,845,590	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,329,993	749,779	8,079,772	113,142	8,192,914	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,623,859	1,044,803	3,668,662	-258,134	3,410,528	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,021,897	515,214	1,537,111	-56,457	1,480,654	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,793,302	41,793,302	654,332	42,447,634	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	30,749,071	30,749,071	0	30,749,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,249,228	27,249,228	73.00
74.00	07400	RENAL DIALYSIS	758,572	306,522	1,065,094	-51,766	1,013,328	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,315,358	439,492	3,754,850	-71,253	3,683,597	75.00
76.00	03950	REHAB MEDICINE	656,976	78,151	735,127	2,100	737,227	76.00
76.20	03951	DAY HOSPITAL	606,305	56,489	662,794	1,769	664,563	76.20
76.45	03340	GASTROENTEROLOGY LAB	2,676,397	1,374,310	4,050,707	-957,220	3,093,487	76.45
76.97	07697	CARDIAC REHABILITATION	396,154	62,485	458,639	-19,053	439,586	76.97
76.99	07699	LITHOTRIPER	0	1,305,150	1,305,150	0	1,305,150	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	84,903	9,239	94,142	272	94,414	90.01
90.02	09002	OUTPATIENT CENTER	901,309	241,736	1,143,045	-29,148	1,113,897	90.02
90.03	09003	PAIN CLINIC	481,462	143,685	625,147	-33,583	591,564	90.03
90.05	09004	WOUND CARE CENTER	465,487	36,106	501,593	-501,593	0	90.05
90.06	09005	ANTI-COAG LAB	636,381	50,307	686,688	10,702	697,390	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A
Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,693,107	2,476,941	13,170,048	-438,497	12,731,551	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	241,862,575	427,234,551	669,097,126	4,110,806	673,207,932	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	260,493	4,314,276	4,574,769	-4,110,806	463,963	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	242,123,068	431,548,827	673,671,895	0	673,671,895	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A
Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,282,050	24,985,544	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	3,872,644	16,780,635	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,551,180	54,829,534	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	-5,653,943	-1,788,457	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-1,000	25,332,412	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-85,690,146	71,446,030	5.06
6.00	00600	MAINTENANCE & REPAIRS	-211,421	22,534,811	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,792,510	8.00
9.00	00900	HOUSEKEEPING	-717	7,166,048	9.00
10.00	01000	DIETARY	-2,108,855	3,354,714	10.00
11.00	01100	CAFETERIA	0	2,501,126	11.00
13.00	01300	NURSING ADMINISTRATION	-3,065	5,301,102	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,217,009	14.00
15.00	01500	PHARMACY	-158,395	11,570,588	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	596,576	16.00
17.00	01700	SOCIAL SERVICE	-143,178	2,146,214	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	16,413,196	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-21,881	14,241,702	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	-20,408	303,287	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	177,541	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-557,665	55,917,551	30.00
31.00	03100	INTENSIVE CARE UNIT	-3,625	7,574,026	31.00
32.00	03200	CORONARY CARE UNIT	-1,287	8,551,786	32.00
32.01	03201	NEONATAL CARE UNIT	-1	10,353,937	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-122,500	5,849,938	40.00
41.00	04100	SUBPROVIDER - I RF	-1,817	5,416,146	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,574,698	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-18,457	13,862,866	50.00
51.00	05100	RECOVERY ROOM	0	1,866,321	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-9,998	5,587,258	52.00
53.00	05300	ANESTHESIOLOGY	-278,143	1,208,711	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-19,298	9,512,524	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-63,166	7,249,864	55.00
56.00	05600	RADIOISOTOPE	0	2,533,933	56.00
57.00	05700	CT SCAN	-250	2,379,233	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-976	1,986,872	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1	1,972,834	59.00
60.00	06000	LABORATORY	0	15,378,788	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,677,414	62.00
65.00	06500	RESPIRATORY THERAPY	-540	7,924,878	65.00
66.00	06600	PHYSICAL THERAPY	-371	5,845,219	66.00
67.00	06700	OCCUPATIONAL THERAPY	-7,816	8,185,098	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-67,017	3,343,511	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-175	1,480,479	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-125	42,447,509	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	30,749,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,249,228	73.00
74.00	07400	RENAL DIALYSIS	-3	1,013,325	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-1,619	3,681,978	75.00
76.00	03950	REHAB MEDICINE	-7,289	729,938	76.00
76.20	03951	DAY HOSPITAL	-28,454	636,109	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	3,093,487	76.45
76.97	07697	CARDIAC REHABILITATION	0	439,586	76.97
76.99	07699	LITHOTRIPER	0	1,305,150	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	94,414	90.01
90.02	09002	OUTPATIENT CENTER	-11,104	1,102,793	90.02
90.03	09003	PAIN CLINIC	-1	591,563	90.03
90.05	09004	WOUND CARE CENTER	0	0	90.05
90.06	09005	ANTI-COAG LAB	-270	697,120	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	90.07
91.00	09100	EMERGENCY	-341,626	12,389,925	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A
Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-75,850,729	597,357,203	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-44,542	419,421	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-75,895,271	597,776,624	200.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 6:09 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	152,739	1.00
	TOTALS		0	152,739	
B - DRUGS CHARGES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	27,249,228	1.00
	TOTALS		0	27,249,228	
C - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	2,792,510	1.00
	TOTALS		0	2,792,510	
D - RADIOLOGY ADMIN					
1.00	RADIOLOGY-THERAPEUTIC	55.00	94,082	32,048	1.00
2.00	RADIOISOTOPE	56.00	88,445	30,128	2.00
3.00	CT SCAN	57.00	121,394	41,352	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	111,050	37,829	4.00
	TOTALS		414,971	141,357	
E - PARAMEDIC CHAPLAIN					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	921,775	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	93,597	2.00
	TOTALS		921,775	93,597	
F - REHABILITATION					
1.00	PHYSICAL THERAPY	66.00	31,507	37,465	1.00
2.00	OCCUPATIONAL THERAPY	67.00	44,997	53,504	2.00
	TOTALS		76,504	90,969	
G - OTHER REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	31,328	0	1.00
	TOTALS		31,328	0	
H - NURSERY					
1.00	NURSERY	43.00	1,515,606	59,092	1.00
	TOTALS		1,515,606	59,092	
I - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	2,171,883	2,284,139	1.00
	TOTALS		2,171,883	2,284,139	
J - CAFETERIA REVENUE OFFSET					
1.00	DIETARY	10.00	0	1,954,896	1.00
	TOTALS		0	1,954,896	
K - NURSING ADMIN PERSONNEL					
1.00	NURSING ADMINISTRATION	13.00	1,738,531	91,588	1.00
2.00		0.00	0	0	2.00
	TOTALS		1,738,531	91,588	
L - PARAMEDIC PHARMACY					
1.00	PARAMEDIC PRGM-PHARMACY	23.01	154,757	22,784	1.00
2.00		0.00	0	0	2.00
	TOTALS		154,757	22,784	
M - CHILD LIFE/PRENATAL					
1.00	ADULTS & PEDIATRICS	30.00	83,134	40,340	1.00
	TOTALS		83,134	40,340	
N - WOUND CARE COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	465,487	36,106	1.00
	TOTALS		465,487	36,106	
O - BOOK DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	15,203,591	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	12,907,991	2.00
	TOTALS		0	28,111,582	
Q - RECLASS BUILDING RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,499,903	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

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 6:09 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
TOTALS			0	4,499,903	
R - RECLASSIFY EQUIPMENT DEPRECIATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	11,088,166	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
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
TOTALS			0	11,088,166	
S - OIG FRAUD EMPLOYEES					
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	36,997	0	1.00
TOTALS			36,997	0	
T - LT, MGT, AND ASSOCIATE INCENTIVE					
1.00	DIETARY	10.00	36,774	0	1.00
2.00	NURSING ADMINISTRATION	13.00	91,695	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	15,514	0	3.00
4.00	PHARMACY	15.00	54,071	0	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	350	0	5.00
6.00	SOCIAL SERVICE	17.00	7,232	0	6.00
7.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	4,199	0	7.00
8.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	73,128	0	8.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 6:09 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	12,472	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	311,507	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	31,043	0	11.00
12.00	CORONARY CARE UNIT	32.00	32,639	0	12.00
13.00	NEONATAL CARE UNIT	32.01	36,228	0	13.00
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	50,105	0	14.00
15.00	SUBPROVIDER - IPF	40.00	35,399	0	15.00
16.00	SUBPROVIDER - IRF	41.00	32,522	0	16.00
17.00	PURCHASING RECEIVING AND STORES	5.03	11,354	0	17.00
18.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	16,666	0	18.00
19.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,127,028	0	19.00
20.00	OPERATING ROOM	50.00	111,686	0	20.00
21.00	RECOVERY ROOM	51.00	6,608	0	21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	30,305	0	22.00
23.00	ANESTHESIOLOGY	53.00	4,120	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	59,306	0	24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	5,365	0	25.00
26.00	RADIOISOTOPE	56.00	5,443	0	26.00
27.00	CT SCAN	57.00	5,949	0	27.00
28.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	5,132	0	28.00
29.00	CARDIAC CATHETERIZATION	59.00	4,976	0	29.00
30.00	MAINTENANCE & REPAIRS	6.00	62,898	0	30.00
31.00	LABORATORY	60.00	6,207	0	31.00
32.00	RESPIRATORY THERAPY	65.00	33,670	0	32.00
33.00	PHYSICAL THERAPY	66.00	35,674	0	33.00
34.00	OCCUPATIONAL THERAPY	67.00	38,439	0	34.00
35.00	ELECTROCARDIOLOGY	69.00	24,659	0	35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	4,821	0	36.00
37.00	RENAL DIALYSIS	74.00	10,094	0	37.00
38.00	ASC (NON-DISTINCT PART)	75.00	16,635	0	38.00
39.00	REHAB MEDICINE	76.00	2,100	0	39.00
40.00	DAY HOSPITAL	76.20	2,216	0	40.00
41.00	GASTROENTEROLOGY LAB	76.45	20,162	0	41.00
42.00	CARDIAC REHABILITATION	76.97	2,021	0	42.00
43.00	HOUSEKEEPING	9.00	53,737	0	43.00
44.00	DIABETES CARE CENTER	90.01	272	0	44.00
45.00	OUTPATIENT CENTER	90.02	4,120	0	45.00
46.00	PAIN CLINIC	90.03	1,983	0	46.00
47.00	CENTRAL SERVICES & SUPPLY	14.00	2,138	0	47.00
48.00	ANTI-COAG LAB	90.06	10,702	0	48.00
50.00	EMERGENCY	91.00	64,075	0	50.00
	TOTALS		2,615,439	0	
500.00	Grand Total: Increases		10,226,412	78,708,996	500.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 6:09 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	152,739	0		1.00
	TOTALS		0	152,739			
B - DRUGS CHARGES							
1.00	PHARMACY	15.00	0	27,249,228	0		1.00
	TOTALS		0	27,249,228			
C - LINEN							
1.00	HOUSEKEEPING	9.00	0	2,792,510	0		1.00
	TOTALS		0	2,792,510			
D - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	414,971	141,357	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		414,971	141,357			
E - PARAMEDIC CHAPLAIN							
1.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	921,775	0	0		1.00
2.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	93,597	0		2.00
	TOTALS		921,775	93,597			
F - REHAB DIRECTORS							
1.00	SUBPROVIDER - IRF	41.00	76,504	90,969	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		76,504	90,969			
G - OTHER REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	31,328	0	0		1.00
	TOTALS		31,328	0			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,515,606	59,092	0		1.00
	TOTALS		1,515,606	59,092			
I - CAFETERIA COSTS							
1.00	DIETARY	10.00	2,171,883	2,284,139	0		1.00
	TOTALS		2,171,883	2,284,139			
J - CAFETERIA REVENUE OFFSET							
1.00	CAFETERIA	11.00	0	1,954,896	0		1.00
	TOTALS		0	1,954,896			
K - NURSING ADMIN PERSONNEL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,583,956	82,061	0		1.00
2.00	OPERATING ROOM	50.00	154,575	9,527	0		2.00
	TOTALS		1,738,531	91,588			
L - PARAMEDIC PHARMACY							
1.00	PHARMACY	15.00	153,687	22,727	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,070	57	0		2.00
	TOTALS		154,757	22,784			
M - CHILD LIFE/PRENATAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	83,134	40,340	0		1.00
	TOTALS		83,134	40,340			
N - WOUND CARE COSTS							
1.00	WOUND CARE CENTER	90.05	465,487	36,106	0		1.00
	TOTALS		465,487	36,106			
O - BOOK DEPRECIATION RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	28,111,582	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	28,111,582			
O - RECLASS BUILDING RENT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	355,713	10		1.00
2.00		0.00	0	0	10		2.00
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4,144,190	0		3.00
4.00		0.00	0	0	10		4.00
5.00		0.00	0	0	10		5.00
6.00		0.00	0	0	10		6.00
7.00		0.00	0	0	10		7.00
8.00		0.00	0	0	10		8.00
9.00		0.00	0	0	10		9.00
10.00		0.00	0	0	10		10.00
11.00		0.00	0	0	10		11.00
12.00		0.00	0	0	10		12.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6
Date/Time Prepared:
5/24/2017 6:09 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
13.00	0.00	0	0	0	10		13.00
14.00	0.00	0	0	0	10		14.00
15.00	0.00	0	0	0	10		15.00
16.00	0.00	0	0	0	10		16.00
17.00	0.00	0	0	0	10		17.00
18.00	0.00	0	0	0	10		18.00
19.00	0.00	0	0	0	10		19.00
20.00	0.00	0	0	0	10		20.00
21.00	0.00	0	0	0	10		21.00
22.00	0.00	0	0	0	10		22.00
23.00	0.00	0	0	0	10		23.00
TOTALS			4,499,903				
R - RECLASSIFY EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	84	9		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	16	9		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	703	9		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	125,559	9		4.00
5.00	HOUSEKEEPING	9.00	0	6,011	9		5.00
6.00	DIETARY	10.00	0	66,881	9		6.00
7.00	NURSING ADMINISTRATION	13.00	0	29,649	9		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	83,084	9		8.00
9.00	PHARMACY	15.00	0	132,971	9		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,546	9		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	24,838	9		11.00
12.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	534	9		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	965,052	9		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	121,974	9		14.00
15.00	CORONARY CARE UNIT	32.00	0	148,989	9		15.00
16.00	NEONATAL CARE UNIT	32.01	0	113,274	9		16.00
17.00	SUBPROVIDER - IPF	40.00	0	7,056	9		17.00
18.00	SUBPROVIDER - IRF	41.00	0	63,775	9		18.00
19.00	OPERATING ROOM	50.00	0	1,955,405	9		19.00
20.00	RECOVERY ROOM	51.00	0	511	9		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	151,318	9		21.00
22.00	ANESTHESIOLOGY	53.00	0	116,400	9		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	916,658	9		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	670,180	9		24.00
25.00	RADIOISOTOPE	56.00	0	502,218	9		25.00
26.00	CT SCAN	57.00	0	582,888	9		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	925,777	9		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	1,078,700	9		28.00
29.00	RESPIRATORY THERAPY	65.00	0	159,298	9		29.00
30.00	PHYSICAL THERAPY	66.00	0	9,751	9		30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	55,126	9		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	282,793	9		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	61,278	9		33.00
34.00	RENAL DIALYSIS	74.00	0	61,860	9		34.00
35.00	ASC (NON-DISTINCT PART)	75.00	0	87,888	9		35.00
36.00	DAY HOSPITAL	76.20	0	447	9		36.00
37.00	GASTROENTEROLOGY LAB	76.45	0	977,382	9		37.00
38.00	CARDIAC REHABILITATION	76.97	0	21,074	9		38.00
39.00	OUTPATIENT CENTER	90.02	0	33,268	9		39.00
40.00	PAIN CLINIC	90.03	0	35,566	9		40.00
41.00		0.00	0	0	9		41.00
42.00	EMERGENCY	91.00	0	502,572	9		42.00
43.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	7,812	9		43.00
TOTALS			0	11,088,166			
S - OIG FRAUD EMPLOYEES							
1.00	HOUSEKEEPING	9.00	36,997	0	0		1.00
TOTALS			36,997	0			
T - LT, MGT, AND ASSOCIATE INCENTIVE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,615,439	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
5/24/2017 6:09 am

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
50.00		0.00	0	0	0		50.00
	TOTALS		2,615,439		0		
500.00	Grand Total: Decreases		10,226,412	78,708,996			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2017 6:09 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	613,158	0	0	0	0	1.00
2.00	Land Improvements	16,381,672	2,777,711	0	2,777,711	0	2.00
3.00	Buildings and Fixtures	491,848,606	14,820,539	0	14,820,539	0	3.00
4.00	Building Improvements	5,169,965	0	0	0	0	4.00
5.00	Fixed Equipment	144,468,199	19,203,446	0	19,203,446	2,731,316	5.00
6.00	Movable Equipment	660,215	24,937	0	24,937	0	6.00
7.00	HIT designated Assets	1,068,885	0	0	0	934,460	7.00
8.00	Subtotal (sum of lines 1-7)	660,210,700	36,826,633	0	36,826,633	3,665,776	8.00
9.00	Reconciling Items	38,176,652	12,421,182	0	12,421,182	44,248,019	9.00
10.00	Total (line 8 minus line 9)	622,034,048	24,405,451	0	24,405,451	-40,582,243	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	613,158	0				1.00
2.00	Land Improvements	19,159,383	2,994,132				2.00
3.00	Buildings and Fixtures	506,669,145	127,473,376				3.00
4.00	Building Improvements	5,169,965	3,168,586				4.00
5.00	Fixed Equipment	160,940,329	70,366,272				5.00
6.00	Movable Equipment	685,152	114,825				6.00
7.00	HIT designated Assets	134,425	364,446				7.00
8.00	Subtotal (sum of lines 1-7)	693,371,557	204,481,637				8.00
9.00	Reconciling Items	6,349,815	0				9.00
10.00	Total (line 8 minus line 9)	687,021,742	204,481,637				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2017 6:09 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	0	1	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	1	0	1	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	20,511,709	4,473,835	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	16,780,635	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	37,292,344	4,473,835	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	24,985,544	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	16,780,635	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	41,766,179	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-199,052	OTHER ADMINISTRATIVE AND GENERAL	5.06		0	7.00
8.00 Television and radio service (chapter 21)	A	-211,420	MAINTENANCE & REPAIRS	6.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-15,455,521				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	-18,844,145				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests		0		0.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts		0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,674,507	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-149,736	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist		0	0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		-502,043	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		4.00
33.00		0			0.00	0	33.00
33.02		0			0.00	0	33.02
33.03	COMMUNITY RELATIONS	A	-130,308	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.03
33.04	COUNCIL OF ADVISORS	A	-121,893	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.04
33.08			0		0.00	0	33.08
33.10			0		0.00	0	33.10
33.11	LOEBER RESEARCH	A	-6,854	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.11
33.12			0		0.00	0	33.12
33.13			0		0.00	0	33.13
33.14			0		0.00	0	33.14
33.15			0		0.00	0	33.15
33.17	PUBLIC AID ASSESSMENT EXPENSE	A	-24,280,648	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.17
33.18	RESEARCH COSTS IN EXCESS OF FUNDING	A	-194,052	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.18
33.19	OFFSET MEN'S ASSOCIATION	A	-640	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.19
33.21	CENTER FOR PEDS BRAIN TUMOR	A	-34,187	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.21
33.23			0		0.00	0	33.23
33.24			0		0.00	0	33.24
33.25	LOBBYING COSTS ABOVE ACCOUNTING	A	-2,711	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.25
33.26	KOHL'S MUSEUM	A	-5,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.26
33.27	ADJUST GL INT EXPENSE TO ACTUAL	A	-6,674,883	OTHER ADMINISTRATIVE AND GENERAL	5.06	11	33.27
33.28	RUSSEL RESEARCH	A	-656,268	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.28
33.29	PRIOR YEARS MEDICARE WORKPAPER	A	263,258	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.29
33.30	ADJUST PARKSIDE RENT TO COST	A	-26,068	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	33.30
33.31			0		0.00	0	33.31
43.01			0		0.00	0	43.01
43.02			0		0.00	0	43.02
43.03			0		0.00	0	43.03
43.04	MISC INC	B	-1,000	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	43.04
43.05	MISC INC	B	-1,795,672	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.05
43.06			0		0.00	0	43.06
43.07			0		0.00	0	43.07
43.08	MISC INC	B	-2,103,223	DIETARY	10.00	0	43.08
43.09	MISC INC	B	-2,275	NURSING ADMINISTRATION	13.00	0	43.09
43.10	MISC INC	B	-158,160	PHARMACY	15.00	0	43.10
43.11			0		0.00	0	43.11
43.13	MISC INC	B	-11,330	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	43.13
43.14	MISC INC	B	-6,608	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	43.14
43.16	MISC INC	B	-27,612	ADULTS & PEDIATRICS	30.00	0	43.16
43.18			0		0.00	0	43.18
43.19			0		0.00	0	43.19
43.20	MISC INC	B	-34,293	SUBPROVIDER - IPF	40.00	0	43.20
43.21			0		0.00	0	43.21
43.22	MISC INC	B	-12,796	OPERATING ROOM	50.00	0	43.22
43.23			0		0.00	0	43.23
43.24			0		0.00	0	43.24
43.25	MISC INC	B	-14,321	RADIOLOGY-DIAGNOSTIC	54.00	0	43.25
43.26	MISC INC	B	-49,824	RADIOLOGY-THERAPEUTIC	55.00	0	43.26
43.27	MISC INC	B	-976	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	43.27
43.29			0		0.00	0	43.29
43.30	MISC INC	B	-540	RESPIRATORY THERAPY	65.00	0	43.30
43.31	MISC INC	B	-370	PHYSICAL THERAPY	66.00	0	43.31
43.32	MISC INC	B	-1,750	OCCUPATIONAL THERAPY	67.00	0	43.32

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		4.00
43.33	MI SC INC	B	-4,302	ELECTROCARDIOLOGY	69.00	0	43.33
43.34	MI SC INC	B	100	ELECTROENCEPHALOGRAPHY	70.00	0	43.34
43.35			0		0.00	0	43.35
43.37	MI SC INC	B	-450	REHAB MEDICINE	76.00	0	43.37
44.00	MI SC INC	B	-28,454	DAY HOSPITAL	76.20	0	44.00
44.01	MI SC INC	B	7,850	OUTPATIENT CENTER	90.02	0	44.01
44.02	MI SC INC	B	-270	ANTI-COAG LAB	90.06	0	44.02
44.04			0		0.00	0	44.04
44.05	MI SC INC	B	-195,653	EMERGENCY	91.00	0	44.05
44.06			0		0.00	0	44.06
44.10			0		0.00	0	44.10
44.11			0		0.00	0	44.11
44.12			0		0.00	0	44.12
44.13			0		0.00	0	44.13
44.14			0		0.00	0	44.14
44.15			0		0.00	0	44.15
44.18			0		0.00	0	44.18
44.19			0		0.00	0	44.19
44.21			0		0.00	0	44.21
44.22			0		0.00	0	44.22
44.23			0		0.00	0	44.23
44.24			0		0.00	0	44.24
44.25			0		0.00	0	44.25
44.26			0		0.00	0	44.26
44.27			0		0.00	0	44.27
44.28	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-44,542	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	44.28
44.29			0		0.00	0	44.29
44.30			0		0.00	0	44.30
45.02	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-31,500	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.02
45.03			0		0.00	0	45.03
45.04	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-5,653,943	PURCHASING RECEIVING AND STORES	5.03	0	45.04
45.05	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1,895,538	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.05
45.06	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1	MAINTENANCE & REPAIRS	6.00	0	45.06
45.08	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-717	HOUSEKEEPING	9.00	0	45.08
45.09	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-5,632	DIETARY	10.00	0	45.09
45.10	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-790	NURSING ADMINISTRATION	13.00	0	45.10
45.11			0		0.00	0	45.11
45.12	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-235	PHARMACY	15.00	0	45.12
45.13			0		0.00	0	45.13
45.14	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-143,178	SOCIAL SERVICE	17.00	0	45.14
45.15	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-10,551	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.15
45.16	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-13,800	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	45.16
45.17	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-28,010	ADULTS & PEDIATRICS	30.00	0	45.17
45.18	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-3,625	INTENSIVE CARE UNIT	31.00	0	45.18
45.19	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1,287	CORONARY CARE UNIT	32.00	0	45.19
45.20	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1	NEONATAL CARE UNIT	32.01	0	45.20
45.21	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1,125	SUBPROVIDER - IPF	40.00	0	45.21
45.22	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1,817	SUBPROVIDER - IRF	41.00	0	45.22
45.23	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-5,661	OPERATING ROOM	50.00	0	45.23
45.24			0		0.00	0	45.24

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
45.25 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-9,998	DELI VERY ROOM & LABOR ROOM	52.00	0	45.25
45.26		0		0.00	0	45.26
45.27 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1,260	RADI OLOGY-DI AGNOSTI C	54.00	0	45.27
45.28 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-13,342	RADI OLOGY-THERAPEUTI C	55.00	0	45.28
45.29 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-250	CT SCAN	57.00	0	45.29
45.30 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1	CARDI AC CATHETERI ZATI ON	59.00	0	45.30
45.31		0		0.00	0	45.31
45.32 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1	PHYSI CAL THERAPY	66.00	0	45.32
45.33 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-6,066	OCCUPATI ONAL THERAPY	67.00	0	45.33
45.34		0		0.00	0	45.34
45.35 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-275	ELECTROENCEPHALOGRAPHY	70.00	0	45.35
45.36		0		0.00	0	45.36
45.37 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1,619	ASC (NON-DI STI NCT PART)	75.00	0	45.37
45.38 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-3	RENAL DI ALYSI S	74.00	0	45.38
45.39		0		0.00	0	45.39
45.40		0		0.00	0	45.40
45.41		0		0.00	0	45.41
45.42		0		0.00	0	45.42
45.43		0		0.00	0	45.43
45.44 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1	PAI N CLI NI C	90.03	0	45.44
45.46 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-18,245	EMERGENCY	91.00	0	45.46
45.47 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-2,539	OUTPATI ENT CENTER	90.02	0	45.47
45.48 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-125	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	71.00	0	45.48
45.49		0		0.00	0	45.49
45.50		0		0.00	0	45.50
45.51		0		0.00	0	45.51
45.52		0		0.00	0	45.52
45.53		0		0.00	0	45.53
45.55		0		0.00	0	45.55
45.56		0		0.00	0	45.56
45.57		0		0.00	0	45.57
45.58		0		0.00	0	45.58
45.59		0		0.00	0	45.59
45.60		0		0.00	0	45.60
45.61		0		0.00	0	45.61
45.63		0		0.00	0	45.63
45.64		0		0.00	0	45.64
45.65		0		0.00	0	45.65
45.66		0		0.00	0	45.66
45.67		0		0.00	0	45.67
45.68		0		0.00	0	45.68
45.69		0		0.00	0	45.69
45.70		0		0.00	0	45.70
45.71		0		0.00	0	45.71
45.72		0		0.00	0	45.72
45.73		0		0.00	0	45.73
45.74		0		0.00	0	45.74
45.75		0		0.00	0	45.75
45.76		0		0.00	0	45.76
45.77		0		0.00	0	45.77
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-75,895,271				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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

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: 14-0223

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2017 6:09 am

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	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	1,370,353	0 1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAPITAL EQUIPMENT	4,022,380	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	10,582,680	0 3.00
3.01	0.00			0	0 3.01
4.00	5.00	OTHER ADMINISTRATIVE AND GEN	A&G	19,965,972	54,785,530 4.00
5.00	0			35,941,385	54,785,530 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	LUTHERAN GENER.	100.00	AHCS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0223

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2017 6:09 am

	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	1,370,353	9	1.00
2.00	4,022,380	9	2.00
3.00	10,582,680	0	3.00
3.01	0	0	3.01
4.00	-34,819,558	0	4.00
5.00	-18,844,145		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	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0223

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2017 6:09 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	14,872,967	189,979	14,682,988	177,200	1	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	177,200	1	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	177,200	1	3.00
4.00	32.00	CORONARY CARE UNIT	0	0	0	177,200	1	4.00
5.00	40.00	SUBPROVIDER - IPF	87,156	0	87,156	154,100	1	5.00
6.00	53.00	ANESTHESIOLOGY	278,239	0	278,239	200,300	1	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	3,825	0	3,825	225,300	1	7.00
8.00	69.00	ELECTROCARDIOLOGY	62,800	0	62,800	177,200	1	8.00
9.00	91.00	EMERGENCY	127,813	0	127,813	177,200	1	9.00
10.00	90.02	OUTPATIENT CENTER	16,500	0	16,500	177,200	1	10.00
11.00	76.00	REHAB MEDICINE	6,924	0	6,924	177,200	1	11.00
200.00			15,456,224	189,979	15,266,245		11	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	85	4	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	85	4	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	85	4	0	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	85	4	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	74	4	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	96	5	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	108	5	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	85	4	0	0	0	8.00
9.00	91.00	EMERGENCY	85	4	0	0	0	9.00
10.00	90.02	OUTPATIENT CENTER	85	4	0	0	0	10.00
11.00	76.00	REHAB MEDICINE	85	4	0	0	0	11.00
200.00			958	46	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	85	14,682,903	14,872,882	1.00
2.00	13.00	NURSING ADMINISTRATION	0	85	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	85	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	0	85	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	74	87,082	87,082	5.00
6.00	53.00	ANESTHESIOLOGY	0	96	278,143	278,143	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	108	3,717	3,717	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	85	62,715	62,715	8.00
9.00	91.00	EMERGENCY	0	85	127,728	127,728	9.00
10.00	90.02	OUTPATIENT CENTER	0	85	16,415	16,415	10.00
11.00	76.00	REHAB MEDICINE	0	85	6,839	6,839	11.00
200.00			0	958	15,265,542	15,455,521	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	24,985,544	24,985,544			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	16,780,635		16,780,635		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	54,829,534	324,667	218,051	55,372,252	4.00
5.03 00560	PURCHASING RECEIVING AND STORES	-1,788,457	262,439	176,257	327,458	-1,022,303
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	25,332,412	148,124	99,482	3,827	0
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	71,446,030	3,857,446	2,590,714	4,748,311	0
6.00 00600	MAINTENANCE & REPAIRS	22,534,811	6,510,731	4,372,698	1,133,088	0
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	2,792,510	0	0	0	0
9.00 00900	HOUSEKEEPING	7,166,048	251,897	169,178	1,121,479	0
10.00 01000	DIETARY	3,354,714	217,003	145,742	382,839	0
11.00 01100	CAFETERIA	2,501,126	288,832	193,984	498,743	0
13.00 01300	NURSING ADMINISTRATION	5,301,102	169,781	114,027	987,993	0
14.00 01400	CENTRAL SERVICES & SUPPLY	3,217,009	201,071	135,042	594,917	0
15.00 01500	PHARMACY	11,570,588	129,401	86,908	2,010,091	0
16.00 01600	MEDICAL RECORDS & LIBRARY	596,576	106,133	71,281	80	0
17.00 01700	SOCIAL SERVICE	2,146,214	22,997	15,445	457,370	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	16,413,196	0	0	3,019,845	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	14,241,702	679,476	456,346	1,480,597	0
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	303,287	10,191	6,844	57,076	0
23.01 02301	PARAMED ED PRGM-PHARMACY	177,541	2,153	1,446	35,538	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	55,917,551	4,497,436	3,020,539	11,854,538	0
31.00 03100	INTENSIVE CARE UNIT	7,574,026	375,653	252,294	1,488,044	0
32.00 03200	CORONARY CARE UNIT	8,551,786	440,896	296,112	1,625,374	0
32.01 03201	NEONATAL CARE UNIT	10,353,937	304,079	204,223	2,165,544	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	5,849,938	452,649	304,005	1,257,282	0
41.00 04100	SUBPROVIDER - IRF	5,416,146	437,499	293,830	1,151,444	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,574,698	11,036	7,412	348,038	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,862,866	766,663	514,902	2,595,883	0
51.00 05100	RECOVERY ROOM	1,866,321	66,279	44,514	385,184	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,587,258	355,176	238,541	1,155,205	0
53.00 05300	ANESTHESIOLOGY	1,208,711	27,494	18,465	151,899	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,512,524	719,314	483,101	1,961,683	0
55.00 05500	RADIOLOGY-THERAPEUTIC	7,249,864	337,984	226,995	308,400	0
56.00 05600	RADIOISOTOPE	2,533,933	151,872	101,999	348,299	0
57.00 05700	CT SCAN	2,379,233	74,732	50,191	451,928	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,986,872	172,110	115,591	391,834	0
59.00 05900	CARDIAC CATHETERIZATION	1,972,834	479,027	321,721	367,065	0
60.00 06000	LABORATORY	15,378,788	65,386	43,914	1,425	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,677,414	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	7,924,878	45,452	30,526	1,643,371	0
66.00 06600	PHYSICAL THERAPY	5,845,219	8,197	5,505	1,230,107	0
67.00 06700	OCCUPATIONAL THERAPY	8,185,098	458,502	307,936	1,709,584	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	3,343,511	103,358	69,417	608,195	0
70.00 07000	ELECTROENCEPHALOGRAPHY	1,480,479	37,781	25,374	235,771	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	42,447,509	4,816	3,235	106,893	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	30,749,071	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	27,249,228	0	0	0	0
74.00 07400	RENAL DIALYSIS	1,013,325	53,298	35,796	176,513	0
75.00 07500	ASC (NON-DIAGNOSTIC PART)	3,681,978	227,146	152,554	765,146	0
76.00 03950	REHAB MEDICINE	729,938	64,063	43,025	151,348	0
76.20 03951	DAY HOSPITAL	636,109	66,519	44,675	139,738	0
76.45 03340	GASTROENTEROLOGY LAB	3,093,487	168,936	113,460	619,227	0
76.97 07697	CARDIAC REHABILITATION	439,586	30,221	20,297	91,435	0
76.99 07699	LITHOTRIPER	1,305,150	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	DIABETES CARE CENTER	94,414	8,277	5,559	19,559	0
90.02 09002	OUTPATIENT CENTER	1,102,793	81,829	54,957	207,919	0
90.03 09003	PAIN CLINIC	591,563	29,839	20,040	111,016	0
90.05 09004	WOUND CARE CENTER	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.03	
90.06 09005 ANTI-COAG LAB	697,120	0	0	148,594	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	12,389,925	397,517	266,978	2,470,236	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	597,357,203	24,703,378	16,591,128	55,302,973	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	419,421	282,166	189,507	69,279	0	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	-1,022,303	201.00
202.00 TOTAL (sum lines 118-201)	597,776,624	24,985,544	16,780,635	55,372,252	-1,022,303	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

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Part I
Date/Time Prepared:
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Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5A.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	25,583,845					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	82,642,501	82,642,501			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	34,551,328	5,532,048	40,083,376		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,792,510	447,112	0	0	8.00
9.00	00900	HOUSEKEEPING	0	8,708,602	1,394,343	727,329	0	9.00
10.00	01000	DIETARY	0	4,100,298	656,503	626,576	0	10.00
11.00	01100	CAFETERIA	0	3,482,685	557,616	833,977	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,572,903	1,052,394	490,228	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,148,039	664,147	580,574	0	14.00
15.00	01500	PHARMACY	0	13,796,988	2,209,050	373,634	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	774,070	123,937	306,450	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,642,026	423,017	66,401	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	19,433,041	3,111,444	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	16,858,121	2,699,171	1,961,924	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	377,398	60,426	29,425	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	216,678	34,693	6,216	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,320,045	78,610,109	12,586,522	12,985,924	0	30.00
31.00	03100	INTENSIVE CARE UNIT	442,333	10,132,350	1,622,301	1,084,662	0	31.00
32.00	03200	CORONARY CARE UNIT	518,122	11,432,290	1,830,435	1,273,045	0	32.00
32.01	03201	NEONATAL CARE UNIT	870,908	13,898,691	2,225,333	877,999	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	281,169	8,145,043	1,304,111	1,306,983	0	40.00
41.00	04100	SUBPROVIDER - I RF	318,246	7,617,165	1,219,592	1,263,237	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	124,961	2,066,145	330,813	31,865	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,395,969	19,136,283	3,063,929	2,213,669	0	50.00
51.00	05100	RECOVERY ROOM	239,304	2,601,602	416,545	191,376	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	358,807	7,694,987	1,232,052	1,025,537	0	52.00
53.00	05300	ANESTHESIOLOGY	800,799	2,207,368	353,424	79,387	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,288,442	13,965,064	2,235,960	2,076,952	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	592,942	8,716,185	1,395,557	975,897	0	55.00
56.00	05600	RADIOISOTOPE	324,469	3,460,572	554,076	438,516	0	56.00
57.00	05700	CT SCAN	1,601,386	4,557,470	729,701	215,781	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	833,879	3,500,286	560,434	496,951	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	526,123	3,666,770	587,090	1,383,146	0	59.00
60.00	06000	LABORATORY	1,834,741	17,324,254	2,773,804	188,797	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	186,373	1,863,787	298,413	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	572,430	10,216,657	1,635,799	131,237	0	65.00
66.00	06600	PHYSICAL THERAPY	387,881	7,476,909	1,197,135	23,669	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	397,477	11,058,597	1,770,603	1,323,882	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	570,204	4,694,685	751,671	298,438	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	139,529	1,918,934	307,242	109,088	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	628,353	43,190,806	6,915,323	13,907	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	891,098	31,640,169	5,065,939	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,049,821	30,299,049	4,851,211	0	0	73.00
74.00	07400	RENAL DIALYSIS	69,056	1,347,988	215,828	153,893	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	484,610	5,311,434	850,419	655,863	0	75.00
76.00	03950	REHAB MEDICINE	22,082	1,010,456	161,785	184,975	0	76.00
76.20	03951	DAY HOSPITAL	30,044	917,085	146,835	192,067	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	687,172	4,682,282	749,685	487,787	0	76.45
76.97	07697	CARDIAC REHABILITATION	30,251	611,790	97,954	87,261	0	76.97
76.99	07699	LITHOTRIPER	57,983	1,363,133	218,253	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	988	128,797	20,622	23,899	0	90.01
90.02	09002	OUTPATIENT CENTER	42,275	1,489,773	238,529	236,273	0	90.02
90.03	09003	PAIN CLINIC	75,700	828,158	132,597	86,156	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	32,866	878,580	140,670	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	1,555,007	17,079,663	2,734,642	1,147,794	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

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Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	25,583,845	597,838,554	82,488,735	39,268,647	0118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	960,373	153,766	814,729	0190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0194.00
200.00		Cross Foot Adjustments		0			200.00
201.00		Negative Cost Centers	0	-1,022,303	0	0	0201.00
202.00		TOTAL (sum lines 118-201)	25,583,845	597,776,624	82,642,501	40,083,376	0202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATION AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,239,622				8.00
9.00	00900	HOUSEKEEPING	0	10,830,274			9.00
10.00	01000	DIETARY	0	172,426	5,555,803		10.00
11.00	01100	CAFETERIA	0	229,500	0	5,103,778	11.00
13.00	01300	NURSING ADMINISTRATION	0	134,904	0	106,933	8,357,362
14.00	01400	CENTRAL SERVICES & SUPPLY	0	159,766	0	64,389	3,795
15.00	01500	PHARMACY	0	102,819	0	217,556	21,983
16.00	01600	MEDICAL RECORDS & LIBRARY	0	84,331	0	9	0
17.00	01700	SOCIAL SERVICE	0	18,273	0	49,502	869
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	326,844	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	539,896	0	160,248	0
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	8,097	0	6,178	0
23.01	02301	PARAMED ED PRGM-PHARMACY	0	1,711	0	3,846	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,027,523	3,573,559	3,477,112	1,282,972	3,789,330
31.00	03100	INTENSIVE CARE UNIT	133,476	298,485	228,905	161,054	379,375
32.00	03200	CORONARY CARE UNIT	164,167	350,326	281,538	175,918	403,562
32.01	03201	NEONATAL CARE UNIT	282,119	241,614	483,820	234,382	503,847
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	202,252	359,665	346,852	136,078	346,058
41.00	04100	SUBPROVIDER - IRF	246,280	347,626	422,358	124,623	343,134
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	161,344	8,769	276,698	37,669	76,906
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	609,173	0	280,958	582,902
51.00	05100	RECOVERY ROOM	0	52,664	0	41,689	95,187
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,461	282,214	38,520	125,030	321,451
53.00	05300	ANESTHESIOLOGY	0	21,846	0	16,440	39,573
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	571,550	0	212,317	87,079
55.00	05500	RADIOLOGY-THERAPEUTIC	0	268,554	0	33,379	283
56.00	05600	RADIOISOTOPE	0	120,674	0	37,697	1,775
57.00	05700	CT SCAN	0	59,380	0	48,913	22,369
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	136,754	0	42,409	15,511
59.00	05900	CARDIAC CATHETERIZATION	0	380,624	0	39,728	77,284
60.00	06000	LABORATORY	0	51,955	0	154	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	36,115	0	177,866	191
66.00	06600	PHYSICAL THERAPY	0	6,513	0	133,137	42
67.00	06700	OCCUPATIONAL THERAPY	0	364,315	0	185,032	9,193
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	82,126	0	65,826	133,831
70.00	07000	ELECTROENCEPHALOGRAPHY	0	30,020	0	25,518	7,372
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,827	0	11,569	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	42,349	0	19,104	30,114
75.00	07500	ASC (NON-DISTINCT PART)	0	180,485	0	82,813	187,694
76.00	03950	REHAB MEDICINE	0	50,903	0	16,381	973
76.20	03951	DAY HOSPITAL	0	52,854	0	15,124	15,120
76.45	03340	GASTROENTEROLOGY LAB	0	134,233	0	67,020	151,101
76.97	07697	CARDIAC REHABILITATION	0	24,013	0	9,896	19,377
76.99	07699	LITHOTRIPER	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETES CARE CENTER	0	6,577	0	2,117	3,231
90.02	09002	OUTPATIENT CENTER	0	65,019	0	22,504	30,017
90.03	09003	PAIN CLINIC	0	23,709	0	12,016	24,529
90.05	09004	WOUND CARE CENTER	0	0	0	0	0
90.06	09005	ANTI-COAG LAB	0	0	0	16,083	0
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0
91.00	09100	EMERGENCY	0	315,858	0	267,359	632,185
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
From 01/01/2016
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,239,622	10,606,071	5,555,803	5,096,280	8,357,243
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	224,203	0	7,498	119
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	3,239,622	10,830,274	5,555,803	5,103,778	8,357,362

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,620,710				14.00
15.00	01500	PHARMACY	0	16,722,030			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,288,797		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	3,200,088	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	22,871,329
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	148,526	167,541	2,002,783	17,340,112
31.00	03100	INTENSIVE CARE UNIT	0	26,467	22,277	131,847	0
32.00	03200	CORONARY CARE UNIT	0	19,080	26,094	162,163	0
32.01	03201	NEONATAL CARE UNIT	0	29,657	43,861	278,676	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	363	14,160	199,783	1,582,608
41.00	04100	SUBPROVIDER - IRF	0	2,785	16,028	243,274	10,551
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	93	6,293	159,375	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	75,019	70,304	0	2,013,869
51.00	05100	RECOVERY ROOM	0	5,427	12,052	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	36,760	18,070	22,187	0
53.00	05300	ANESTHESIOLOGY	0	283,474	40,330	0	265,087
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,875	64,889	0	9,232
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,117	29,862	0	0
56.00	05600	RADIOISOTOPE	0	480,831	16,341	0	0
57.00	05700	CT SCAN	0	61,462	80,649	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,545	41,996	0	2,638
59.00	05900	CARDIAC CATHETERIZATION	0	9,901	26,497	0	0
60.00	06000	LABORATORY	0	0	92,402	0	702,942
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	9,386	0	0
65.00	06500	RESPIRATORY THERAPY	0	13,494	28,829	0	0
66.00	06600	PHYSICAL THERAPY	0	5	19,535	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	8,180	20,018	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	188,324	28,717	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	7,027	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,204,786	27,972	31,645	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,415,924	0	44,878	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,782,431	153,596	0	0
74.00	07400	RENAL DIALYSIS	0	67,079	3,478	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	29,475	24,406	0	0
76.00	03950	REHAB MEDICINE	0	0	1,112	0	0
76.20	03951	DAY HOSPITAL	0	0	1,513	0	0
76.45	03340	GASTROENTEROLOGY LAB	0	51,372	34,607	0	0
76.97	07697	CARDIAC REHABILITATION	0	12	1,524	0	0
76.99	07699	LITHOTRIPER	0	0	2,920	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETES CARE CENTER	0	0	50	0	0
90.02	09002	OUTPATIENT CENTER	0	12,003	2,129	0	0
90.03	09003	PAIN CLINIC	0	21,676	3,812	0	0
90.05	09004	WOUND CARE CENTER	0	0	0	0	0
90.06	09005	ANTI-COAG LAB	0	824	1,655	0	0
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
91.00	09100	EMERGENCY	0	238,737	78,314	0	944,290	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,620,710	16,720,966	1,288,797	3,200,088	22,871,329	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,064	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,620,710	16,722,030	1,288,797	3,200,088	22,871,329	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	22,219,360					22.00
23.00 02300 PARAMED PRGM-PASTORAL EDUC.		481,524				23.00
23.01 02301 PARAMED PRGM-PHARMACY			263,144			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	16,845,816	314,416	150,184	155,302,429	-34,185,928	30.00
31.00 03100 INTENSIVE CARE UNIT	0	20,879	3,462	14,245,540	0	31.00
32.00 03200 CORONARY CARE UNIT	0	25,680	9,954	16,154,252	0	32.00
32.01 03201 NEONATAL CARE UNIT	0	44,131	0	19,144,130	0	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	1,537,495	31,637	0	15,513,088	-3,120,103	40.00
41.00 04100 SUBPROVIDER - IRF	10,250	38,525	0	11,905,428	-20,801	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	3,155,970	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,956,462	0	0	30,002,568	-3,970,331	50.00
51.00 05100 RECOVERY ROOM	0	0	0	3,416,542	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,256	0	10,825,525	0	52.00
53.00 05300 ANESTHESIOLOGY	257,530	0	0	3,564,459	-522,617	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,969	0	0	19,286,887	-18,201	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	11,436,834	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	5,110,482	0	56.00
57.00 05700 CT SCAN	0	0	0	5,775,725	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2,562	0	0	4,827,086	-5,200	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	6,171,040	0	59.00
60.00 06000 LABORATORY	682,904	0	0	21,817,212	-1,385,846	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,171,586	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	12,240,188	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	8,856,945	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	14,739,820	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	6,243,618	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	2,405,201	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	53,399,835	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	39,166,910	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	76,173	50,162,460	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,879,833	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	7,322,589	0	75.00
76.00 03950 REHAB MEDICINE	0	0	0	1,426,585	0	76.00
76.20 03951 DAY HOSPITAL	0	0	0	1,340,598	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0	0	6,358,087	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	0	851,827	0	76.97
76.99 07699 LI THOTRI PER	0	0	0	1,584,306	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	0	185,293	0	90.01
90.02 09002 OUTPATIENT CENTER	0	0	0	2,096,247	0	90.02
90.03 09003 PAIN CLINIC	0	0	0	1,132,653	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		22.00	23.00	23.01	24.00	25.00	
90.06	09005 ANTI-COAG LAB	0	0	0	1,037,812	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	917,372	0	23,371	24,379,585	-1,861,662	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	22,219,360	481,524	263,144	596,637,175	-45,090,689	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,161,752	0	190.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	-1,022,303	0	201.00
202.00	TOTAL (sum lines 118-201)	22,219,360	481,524	263,144	597,776,624	-45,090,689	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/24/2017 6:09 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.			23.00
23.01	02301 PARAMED ED PRGM-PHARMACY			23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	121,116,501		30.00
31.00	03100 INTENSIVE CARE UNIT	14,245,540		31.00
32.00	03200 CORONARY CARE UNIT	16,154,252		32.00
32.01	03201 NEONATAL CARE UNIT	19,144,130		32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	04000 SUBPROVIDER - I PF	12,392,985		40.00
41.00	04100 SUBPROVIDER - I RF	11,884,627		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	3,155,970		43.00
44.00	04400 SKILLED NURSING FACILITY	0		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	26,032,237		50.00
51.00	05100 RECOVERY ROOM	3,416,542		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,825,525		52.00
53.00	05300 ANESTHESIOLOGY	3,041,842		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,268,686		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	11,436,834		55.00
56.00	05600 RADIOISOTOPE	5,110,482		56.00
57.00	05700 CT SCAN	5,775,725		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,821,886		58.00
59.00	05900 CARDIAC CATHETERIZATION	6,171,040		59.00
60.00	06000 LABORATORY	20,431,366		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,171,586		62.00
65.00	06500 RESPIRATORY THERAPY	12,240,188		65.00
66.00	06600 PHYSICAL THERAPY	8,856,945		66.00
67.00	06700 OCCUPATIONAL THERAPY	14,739,820		67.00
68.00	06800 SPEECH PATHOLOGY	0		68.00
69.00	06900 ELECTROCARDIOLOGY	6,243,618		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,405,201		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	53,399,835		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	39,166,910		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50,162,460		73.00
74.00	07400 RENAL DIALYSIS	1,879,833		74.00
75.00	07500 ASC (NON-DISTINCT PART)	7,322,589		75.00
76.00	03950 REHAB MEDICINE	1,426,585		76.00
76.20	03951 DAY HOSPITAL	1,340,598		76.20
76.45	03340 GASTROENTEROLOGY LAB	6,358,087		76.45
76.97	07697 CARDIAC REHABILITATION	851,827		76.97
76.99	07699 LI THOTRI PER	1,584,306		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0		90.00
90.01	09001 DIABETES CARE CENTER	185,293		90.01
90.02	09002 OUTPATIENT CENTER	2,096,247		90.02
90.03	09003 PAIN CLINIC	1,132,653		90.03
90.05	09004 WOUND CARE CENTER	0		90.05
90.06	09005 ANTI-COAG LAB	1,037,812		90.06
90.07	09006 HEART RISK ASSESSMENT	0		90.07
91.00	09100 EMERGENCY	22,517,923		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Total	
			26.00	
99.00	09900	CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	551,546,486	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,161,752	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	-1,022,303	201.00
202.00		TOTAL (sum lines 118-201)	552,685,935	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 6:09 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	329	324,667	218,051	543,047	4.00
5.03 00560	PURCHASING RECEIVING AND STORES	0	262,439	176,257	438,696	5.03
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	307	148,124	99,482	247,913	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	8,582	3,857,446	2,590,714	6,456,742	5.06
6.00 00600	MAINTENANCE & REPAIRS	1,327	6,510,731	4,372,698	10,884,756	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	6,405	251,897	169,178	427,480	9.00
10.00 01000	DIETARY	32,759	217,003	145,742	395,504	10.00
11.00 01100	CAFETERIA	0	288,832	193,984	482,816	11.00
13.00 01300	NURSING ADMINISTRATION	478,687	169,781	114,027	762,495	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	153,173	201,071	135,042	489,286	14.00
15.00 01500	PHARMACY	20,145	129,401	86,908	236,454	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	180	106,133	71,281	177,594	16.00
17.00 01700	SOCIAL SERVICE	0	22,997	15,445	38,442	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	452	679,476	456,346	1,136,274	22.00
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	75	10,191	6,844	17,110	23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	2,153	1,446	3,599	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	7,853	4,497,436	3,020,539	7,525,828	30.00
31.00 03100	INTENSIVE CARE UNIT	1,337	375,653	252,294	629,284	31.00
32.00 03200	CORONARY CARE UNIT	307	440,896	296,112	737,315	32.00
32.01 03201	NEONATAL CARE UNIT	1,328	304,079	204,223	509,630	32.01
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	44	452,649	304,005	756,698	40.00
41.00 04100	SUBPROVIDER - I RF	40,774	437,499	293,830	772,103	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	11,036	7,412	18,448	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	60,808	766,663	514,902	1,342,373	50.00
51.00 05100	RECOVERY ROOM	0	66,279	44,514	110,793	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	355,176	238,541	593,717	52.00
53.00 05300	ANESTHESIOLOGY	0	27,494	18,465	45,959	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,036	719,314	483,101	1,203,451	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	337,984	226,995	564,979	55.00
56.00 05600	RADIOISOTOPE	0	151,872	101,999	253,871	56.00
57.00 05700	CT SCAN	0	74,732	50,191	124,923	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	172,110	115,591	287,701	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	479,027	321,721	800,748	59.00
60.00 06000	LABORATORY	0	65,386	43,914	109,300	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	106,368	45,452	30,526	182,346	65.00
66.00 06600	PHYSICAL THERAPY	0	8,197	5,505	13,702	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	458,502	307,936	766,438	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	103,358	69,417	172,775	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	20,781	37,781	25,374	83,936	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,816	3,235	8,051	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	146	53,298	35,796	89,240	74.00
75.00 07500	ASC (NON-DISTINCT PART)	26	227,146	152,554	379,726	75.00
76.00 03950	REHAB MEDICINE	120	64,063	43,025	107,208	76.00
76.20 03951	DAY HOSPITAL	26	66,519	44,675	111,220	76.20
76.45 03340	GASTROENTEROLOGY LAB	0	168,936	113,460	282,396	76.45
76.97 07697	CARDIAC REHABILITATION	0	30,221	20,297	50,518	76.97
76.99 07699	LITHOTRIPER	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	DIABETES CARE CENTER	0	8,277	5,559	13,836	90.01
90.02 09002	OUTPATIENT CENTER	0	81,829	54,957	136,786	90.02
90.03 09003	PAIN CLINIC	0	29,839	20,040	49,879	90.03
90.05 09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06 09005	ANTI-COAG LAB	0	0	0	0	90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	497	397,517	266,978	664,992	24,225	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	943,872	24,703,378	16,591,128	42,238,378	542,368	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	282,166	189,507	471,673	679	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0	0	201.00
202.00 TOTAL (sum lines 118-201)	943,872	24,985,544	16,780,635	42,710,051	543,047	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 6:09 am		
Cost Center	Description	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.03	5.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES	441,907				5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	247,951			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	6,503,308		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	435,312	11,331,180	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	35,183	0	8.00
9.00	00900	HOUSEKEEPING	0	0	109,720	205,609	9.00
10.00	01000	DIETARY	0	0	51,660	177,127	10.00
11.00	01100	CAFETERIA	0	0	43,878	235,757	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	82,812	138,583	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	52,261	164,123	14.00
15.00	01500	PHARMACY	0	0	173,828	105,623	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	9,753	86,630	16.00
17.00	01700	SOCIAL SERVICE	0	0	33,287	18,771	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	244,837	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	212,395	554,617	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	4,755	8,318	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	2,730	1,757	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	32,915	990,660	3,670,996	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,272	127,657	306,623	31.00
32.00	03200	CORONARY CARE UNIT	0	5,004	144,035	359,877	32.00
32.01	03201	NEONATAL CARE UNIT	0	8,412	175,110	248,202	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	2,716	102,619	369,471	40.00
41.00	04100	SUBPROVIDER - I RF	0	3,074	95,969	357,105	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,207	26,031	9,008	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	13,483	241,098	625,783	50.00
51.00	05100	RECOVERY ROOM	0	2,311	32,778	54,100	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,466	96,949	289,909	52.00
53.00	05300	ANESTHESIOLOGY	0	7,735	27,811	22,442	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,444	175,946	587,134	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,727	109,815	275,877	55.00
56.00	05600	RADIOISOTOPE	0	3,134	43,600	123,964	56.00
57.00	05700	CT SCAN	0	15,467	57,420	60,999	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,054	44,100	140,483	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,082	46,198	391,002	59.00
60.00	06000	LABORATORY	0	17,721	218,268	53,371	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,800	23,482	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	5,529	128,720	37,099	65.00
66.00	06600	PHYSICAL THERAPY	0	3,746	94,202	6,691	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,839	139,327	374,249	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,507	59,148	84,365	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,348	24,177	30,838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,069	544,161	3,931	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,607	398,634	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,457	381,738	0	73.00
74.00	07400	RENAL DIALYSIS	0	667	16,983	43,504	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	4,681	66,919	185,406	75.00
76.00	03950	REHAB MEDICINE	0	213	12,731	52,291	76.00
76.20	03951	DAY HOSPITAL	0	290	11,554	54,295	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	6,637	58,992	137,893	76.45
76.97	07697	CARDIAC REHABILITATION	0	292	7,708	24,668	76.97
76.99	07699	LI THOTRI PER	0	560	17,174	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	10	1,623	6,756	90.01
90.02	09002	OUTPATIENT CENTER	0	408	18,770	66,792	90.02
90.03	09003	PAIN CLINIC	0	731	10,434	24,355	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	317	11,069	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	15,019	215,187	324,470	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0223		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 6:09 am	
Cost Center Description		PURCHASING RECEIVING AND STORES 5.03	CASHIERING/ACC OUNTS RECEIVABLE 5.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	247,951	6,491,208	11,100,864	0118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	12,100	230,316	0190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	0201.00
202.00		TOTAL (sum lines 118-201)	441,907	247,951	6,503,308	11,331,180	0202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0223		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 6:09 am	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	35,183					8.00
9.00	00900	HOUSEKEEPING	0	753,807				9.00
10.00	01000	DIETARY	0	12,001	640,046			10.00
11.00	01100	CAFETERIA	0	15,974	0	783,316		11.00
13.00	01300	NURSING ADMINISTRATION	0	9,390	0	16,409	1,019,378	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,120	0	9,881	463	14.00
15.00	01500	PHARMACY	0	7,156	0	33,385	2,681	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,870	0	1	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,272	0	7,596	106	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	50,156	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	37,578	0	24,591	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	564	0	948	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	119	0	590	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,019	248,726	400,574	196,989	462,201	30.00
31.00	03100	INTENSIVE CARE UNIT	1,450	20,775	26,371	24,715	46,274	31.00
32.00	03200	CORONARY CARE UNIT	1,783	24,383	32,434	26,996	49,224	32.00
32.01	03201	NEONATAL CARE UNIT	3,064	16,817	55,738	35,967	61,456	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,196	25,033	39,958	20,882	42,210	40.00
41.00	04100	SUBPROVIDER - IRF	2,675	24,195	48,657	19,124	41,853	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,752	610	31,876	5,781	9,380	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	42,400	0	43,115	71,099	50.00
51.00	05100	RECOVERY ROOM	0	3,666	0	6,397	11,610	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	244	19,643	4,438	19,187	39,209	52.00
53.00	05300	ANESTHESIOLOGY	0	1,521	0	2,523	4,827	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,781	0	32,581	10,621	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,692	0	5,122	35	55.00
56.00	05600	RADIOISOTOPE	0	8,399	0	5,785	216	56.00
57.00	05700	CT SCAN	0	4,133	0	7,506	2,728	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,518	0	6,508	1,892	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	26,492	0	6,097	9,427	59.00
60.00	06000	LABORATORY	0	3,616	0	24	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,514	0	27,295	23	65.00
66.00	06600	PHYSICAL THERAPY	0	453	0	20,431	5	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	25,357	0	28,394	1,121	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,716	0	10,101	16,324	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,089	0	3,916	899	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	266	0	1,775	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,948	0	2,932	3,673	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	12,562	0	12,708	22,894	75.00
76.00	03950	REHAB MEDICINE	0	3,543	0	2,514	119	76.00
76.20	03951	DAY HOSPITAL	0	3,679	0	2,321	1,844	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	9,343	0	10,285	18,430	76.45
76.97	07697	CARDIAC REHABILITATION	0	1,671	0	1,519	2,363	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	458	0	325	394	90.01
90.02	09002	OUTPATIENT CENTER	0	4,525	0	3,453	3,661	90.02
90.03	09003	PAIN CLINIC	0	1,650	0	1,844	2,992	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	2,468	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	21,984	0	41,028	77,110	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0223		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 6:09 am	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,183	738,202	640,046	782,165	1,019,364	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,605	0	1,151	14	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	35,183	753,807	640,046	783,316	1,019,378	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 6:09 am		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES
		14.00	15.00	16.00	17.00	21.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	732,968			14.00
15.00	01500	PHARMACY	0	578,840		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	279,849	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	324,608
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	5,141	36,016	65,063
31.00	03100	INTENSIVE CARE UNIT	0	916	4,844	4,283
32.00	03200	CORONARY CARE UNIT	0	660	5,675	5,268
32.01	03201	NEONATAL CARE UNIT	0	1,027	9,538	9,053
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	13	3,079	6,490
41.00	04100	SUBPROVIDER - IRF	0	96	3,485	7,903
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	3	1,369	5,178
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,597	15,289	0
51.00	05100	RECOVERY ROOM	0	188	2,621	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,272	3,930	721
53.00	05300	ANESTHESIOLOGY	0	9,812	8,770	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,899	14,111	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	592	6,494	0
56.00	05600	RADIOISOTOPE	0	16,644	3,554	0
57.00	05700	CT SCAN	0	2,127	17,538	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	953	9,133	0
59.00	05900	CARDIAC CATHETERIZATION	0	343	5,762	0
60.00	06000	LABORATORY	0	0	20,094	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	2,041	0
65.00	06500	RESPIRATORY THERAPY	0	467	6,269	0
66.00	06600	PHYSICAL THERAPY	0	0	4,248	0
67.00	06700	OCCUPATIONAL THERAPY	0	283	4,353	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	6,519	6,245	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,528	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	417,913	968	6,882	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	315,055	0	9,759	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	511,705	33,402	0
74.00	07400	RENAL DIALYSIS	0	2,322	756	0
75.00	07500	ASC (NON-DISTINCT PART)	0	1,020	5,307	0
76.00	03950	REHAB MEDICINE	0	0	242	0
76.20	03951	DAY HOSPITAL	0	0	329	0
76.45	03340	GASTROENTEROLOGY LAB	0	1,778	7,526	0
76.97	07697	CARDIAC REHABILITATION	0	0	331	0
76.99	07699	LITHOTRIPER	0	0	635	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	09001	DIABETES CARE CENTER	0	0	11	0
90.02	09002	OUTPATIENT CENTER	0	415	463	0
90.03	09003	PAIN CLINIC	0	750	829	0
90.05	09004	WOUND CARE CENTER	0	0	0	0
90.06	09005	ANTI-COAG LAB	0	29	360	0
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
			14.00	15.00	16.00	17.00	21.00	
91.00	09100	EMERGENCY	0	8,264	17,031	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
99.00	09900	CMHC	0	0	0	0		99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	732,968	578,803	279,849	103,959	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37	0	0		190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
200.00		Cross Foot Adjustments					324,608	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	732,968	578,840	279,849	103,959	324,608	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 6:09 am	
Cost Center Description	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	22.00					
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,979,975			22.00
23.00	02300	PARAMED PRGM-PASTORAL EDUC.		32,255		23.00
23.01	02301	PARAMED PRGM-PHARMACY			9,144	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			13,773,405	0 30.00
31.00	03100	INTENSIVE CARE UNIT			1,212,057	0 31.00
32.00	03200	CORONARY CARE UNIT			1,408,594	0 32.00
32.01	03201	NEONATAL CARE UNIT			1,155,251	0 32.01
33.00	03300	BURN INTENSIVE CARE UNIT			0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0 34.00
40.00	04000	SUBPROVIDER - IPF			1,383,695	0 40.00
41.00	04100	SUBPROVIDER - IRF			1,387,531	0 41.00
42.00	04200	SUBPROVIDER			0	0 42.00
43.00	04300	NURSERY			114,056	0 43.00
44.00	04400	SKILLED NURSING FACILITY			0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			2,422,694	0 50.00
51.00	05100	RECOVERY ROOM			228,241	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,084,014	0 52.00
53.00	05300	ANESTHESIOLOGY			132,890	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,097,206	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			990,357	0 55.00
56.00	05600	RADIOISOTOPE			462,583	0 56.00
57.00	05700	CT SCAN			297,273	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			512,185	0 58.00
59.00	05900	CARDIAC CATHETERIZATION			1,294,751	0 59.00
60.00	06000	LABORATORY			422,408	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			27,323	0 62.00
65.00	06500	RESPIRATORY THERAPY			406,378	0 65.00
66.00	06600	PHYSICAL THERAPY			155,541	0 66.00
67.00	06700	OCCUPATIONAL THERAPY			1,360,127	0 67.00
68.00	06800	SPEECH PATHOLOGY			0	0 68.00
69.00	06900	ELECTROCARDIOLOGY			372,664	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			151,043	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			991,064	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT			732,055	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			956,302	0 73.00
74.00	07400	RENAL DIALYSIS			164,756	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)			698,727	0 75.00
76.00	03950	REHAB MEDICINE			180,345	0 76.00
76.20	03951	DAY HOSPITAL			186,902	0 76.20
76.45	03340	GASTROENTEROLOGY LAB			539,353	0 76.45
76.97	07697	CARDIAC REHABILITATION			89,967	0 76.97
76.99	07699	LITHOTRIPER			18,369	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC			0	0 90.00
90.01	09001	DIABETES CARE CENTER			23,605	0 90.01
90.02	09002	OUTPATIENT CENTER			237,312	0 90.02
90.03	09003	PAIN CLINIC			94,553	0 90.03
90.05	09004	WOUND CARE CENTER			0	0 90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		22.00	23.00	23.01	24.00	25.00	
90.06	09005 ANTI-COAG LAB				15,700	0	90.06
90.07	09006 HEART RISK ASSESSMENT				0	0	90.07
91.00	09100 EMERGENCY				1,409,310	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES				0	0	95.00
99.00	09900 CMHC				0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION				0	0	109.00
110.00	11000 INTESTINAL ACQUISITION				0	0	110.00
111.00	11100 ISLET ACQUISITION				0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	39,190,587	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				731,575	0	190.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS				0	0	194.00
200.00	Cross Foot Adjustments	1,979,975	32,255	9,144	2,345,982	0	200.00
201.00	Negative Cost Centers	0	0	0	441,907	0	201.00
202.00	TOTAL (sum lines 118-201)	1,979,975	32,255	9,144	42,710,051	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 6:09 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.			23.00
23.01	02301 PARAMED ED PRGM-PHARMACY			23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	13,773,405		30.00
31.00	03100 INTENSIVE CARE UNIT	1,212,057		31.00
32.00	03200 CORONARY CARE UNIT	1,408,594		32.00
32.01	03201 NEONATAL CARE UNIT	1,155,251		32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	04000 SUBPROVIDER - I PF	1,383,695		40.00
41.00	04100 SUBPROVIDER - I RF	1,387,531		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	114,056		43.00
44.00	04400 SKILLED NURSING FACILITY	0		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	2,422,694		50.00
51.00	05100 RECOVERY ROOM	228,241		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,084,014		52.00
53.00	05300 ANESTHESIOLOGY	132,890		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,097,206		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	990,357		55.00
56.00	05600 RADIOISOTOPE	462,583		56.00
57.00	05700 CT SCAN	297,273		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	512,185		58.00
59.00	05900 CARDIAC CATHETERIZATION	1,294,751		59.00
60.00	06000 LABORATORY	422,408		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	27,323		62.00
65.00	06500 RESPIRATORY THERAPY	406,378		65.00
66.00	06600 PHYSICAL THERAPY	155,541		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,360,127		67.00
68.00	06800 SPEECH PATHOLOGY	0		68.00
69.00	06900 ELECTROCARDIOLOGY	372,664		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	151,043		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	991,064		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	732,055		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	956,302		73.00
74.00	07400 RENAL DIALYSIS	164,756		74.00
75.00	07500 ASC (NON-DISTINCT PART)	698,727		75.00
76.00	03950 REHAB MEDICINE	180,345		76.00
76.20	03951 DAY HOSPITAL	186,902		76.20
76.45	03340 GASTROENTEROLOGY LAB	539,353		76.45
76.97	07697 CARDIAC REHABILITATION	89,967		76.97
76.99	07699 LI THOTRI PER	18,369		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0		90.00
90.01	09001 DIABETES CARE CENTER	23,605		90.01
90.02	09002 OUTPATIENT CENTER	237,312		90.02
90.03	09003 PAIN CLINIC	94,553		90.03
90.05	09004 WOUND CARE CENTER	0		90.05
90.06	09005 ANTI-COAG LAB	15,700		90.06
90.07	09006 HEART RISK ASSESSMENT	0		90.07
91.00	09100 EMERGENCY	1,409,310		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/24/2017 6:09 am
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Cost Center Description		Total	
		26.00	
99.00	09900 CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	39,190,587	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	731,575	190.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
200.00	Cross Foot Adjustments	2,345,982	200.00
201.00	Negative Cost Centers	441,907	201.00
202.00	TOTAL (sum lines 118-201)	42,710,051	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITION)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00	4.00	5.03	5.05			
GENERAL SERVICE COST CENTERS								
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,566,698						1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,566,698					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	20,358	20,358	241,130,036				4.00
5.03 00560	PURCHASING RECEIVING AND STORES	16,456	16,456	1,425,986	82,453,033			5.03
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	9,288	9,288	16,666	0	2,206,246,539		5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	241,878	241,878	20,677,554	2,496,780	0		5.06
6.00 00600	MAINTENANCE & REPAIRS	408,250	408,250	4,934,277	1,161,359	0		6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0		8.00
9.00 00900	HOUSEKEEPING	15,795	15,795	4,883,725	494,558	0		9.00
10.00 01000	DIETARY	13,607	13,607	1,667,156	2,933,292	0		10.00
11.00 01100	CAFETERIA	18,111	18,111	2,171,883	0	0		11.00
13.00 01300	NURSING ADMINISTRATION	10,646	10,646	4,302,430	7,343	0		13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,608	12,608	2,590,696	2,605,289	0		14.00
15.00 01500	PHARMACY	8,114	8,114	8,753,378	86,672	0		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,655	6,655	350	445	0		16.00
17.00 01700	SOCIAL SERVICE	1,442	1,442	1,991,716	1,631	0		17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	13,150,571	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,606	42,606	6,447,581	83,503	0		22.00
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	639	639	248,552	26,966	0		23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	135	135	154,757	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	282,008	282,008	51,622,663	283,843	286,291,372		30.00
31.00 03100	INTENSIVE CARE UNIT	23,555	23,555	6,480,013	75,283	38,145,344		31.00
32.00 03200	CORONARY CARE UNIT	27,646	27,646	7,078,047	57,620	44,681,124		32.00
32.01 03201	NEONATAL CARE UNIT	19,067	19,067	9,430,334	125,267	75,104,192		32.01
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
40.00 04000	SUBPROVIDER - IPF	28,383	28,383	5,475,107	26,313	24,247,025		40.00
41.00 04100	SUBPROVIDER - IRF	27,433	27,433	5,014,215	18,565	27,444,454		41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300	NURSERY	692	692	1,515,606	7,873	10,776,249		43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	48,073	48,073	11,304,340	0	120,383,696		50.00
51.00 05100	RECOVERY ROOM	4,156	4,156	1,677,369	3,241	20,636,776		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	22,271	22,271	5,030,592	0	30,942,305		52.00
53.00 05300	ANESTHESIOLOGY	1,724	1,724	661,476	4,492	69,058,185		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	45,104	45,104	8,542,578	39,988	111,110,880		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	21,193	21,193	1,342,993	7,790	51,133,280		55.00
56.00 05600	RADIOISOTOPE	9,523	9,523	1,516,746	2,717	27,981,131		56.00
57.00 05700	CT SCAN	4,686	4,686	1,968,021	4,713	138,098,108		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	10,792	10,792	1,706,328	1,525	71,910,914		58.00
59.00 05900	CARDIAC CATHETERIZATION	30,037	30,037	1,598,464	2,371	45,371,111		59.00
60.00 06000	LABORATORY	4,100	4,100	6,207	0	158,221,908		60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	16,072,154		62.00
65.00 06500	RESPIRATORY THERAPY	2,850	2,850	7,156,418	43,603	49,364,402		65.00
66.00 06600	PHYSICAL THERAPY	514	514	5,356,768	7,491	33,449,544		66.00
67.00 06700	OCCUPATIONAL THERAPY	28,750	28,750	7,444,757	41,421	34,277,040		67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 06900	ELECTROCARDIOLOGY	6,481	6,481	2,648,518	24,190	49,172,511		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,369	2,369	1,026,718	3,138	12,032,496		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	302	302	465,487	40,789,296	54,187,045		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	30,749,071	76,845,287		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	263,006,266		73.00
74.00 07400	RENAL DIALYSIS	3,342	3,342	768,666	22	5,955,124		74.00
75.00 07500	ASC (NON-DIETINCT PART)	14,243	14,243	3,331,993	14,746	41,791,169		75.00
76.00 03950	REHAB MEDICINE	4,017	4,017	659,076	18,170	1,904,319		76.00
76.20 03951	DAY HOSPITAL	4,171	4,171	608,521	3,779	2,590,886		76.20
76.45 03340	GASTROENTEROLOGY LAB	10,593	10,593	2,696,559	60,213	59,259,403		76.45
76.97 07697	CARDIAC REHABILITATION	1,895	1,895	398,175	2,515	2,608,774		76.97
76.99 07699	LITHOTRIPER	0	0	0	0	5,000,237		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00 09000	CLINIC	0	0	0	0	0		90.00
90.01 09001	DIABETES CARE CENTER	519	519	85,175	266	85,160		90.01
90.02 09002	OUTPATIENT CENTER	5,131	5,131	905,429	23,356	3,645,680		90.02
90.03 09003	PAIN CLINIC	1,871	1,871	483,445	4,119	6,528,155		90.03
90.05 09004	WOUND CARE CENTER	0	0	0	0	0		90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUIREMENT)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)		
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
90.06	09005	ANTI-COAG LAB	0	0	647,083	2,514	2,834,281	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	24,926	24,926	10,757,182	78,827	134,098,552	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,549,005	1,549,005	240,828,347	82,426,176	2,206,246,539	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,693	17,693	301,689	26,857	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	24,985,544	16,780,635	55,372,252	-1,022,303	25,583,845	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.947901	10.710829	0.229636	0.000000	0.011596	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			543,047	441,907	247,951	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002252	0.005359	0.000112	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
		5A.06	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.03	00560						5.03
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	-82,642,501	516,156,426				6.00
7.00	00700	0	34,551,328	870,468			7.00
8.00	00800	0	2,792,510	0	870,468		8.00
9.00	00900	0	8,708,602	15,795	15,795	162,981	9.00
10.00	01000	0	4,100,298	13,607	13,607	0	10.00
11.00	01100	0	3,482,685	18,111	18,111	0	11.00
13.00	01300	0	6,572,903	10,646	10,646	0	13.00
14.00	01400	0	4,148,039	12,608	12,608	0	14.00
15.00	01500	0	13,796,988	8,114	8,114	0	15.00
16.00	01600	0	774,070	6,655	6,655	0	16.00
17.00	01700	0	2,642,026	1,442	1,442	0	17.00
21.00	02100	0	19,433,041	0	0	0	21.00
22.00	02200	0	16,858,121	42,606	42,606	0	22.00
23.00	02300	0	377,398	639	639	0	23.00
23.01	02301	0	216,678	135	135	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	78,610,109	282,008	282,008	102,002	30.00
31.00	03100	0	10,132,350	23,555	23,555	6,715	31.00
32.00	03200	0	11,432,290	27,646	27,646	8,259	32.00
32.01	03201	0	13,898,691	19,067	19,067	14,193	32.01
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	8,145,043	28,383	28,383	10,175	40.00
41.00	04100	0	7,617,165	27,433	27,433	12,390	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	2,066,145	692	692	8,117	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	19,136,283	48,073	48,073	0	50.00
51.00	05100	0	2,601,602	4,156	4,156	0	51.00
52.00	05200	0	7,694,987	22,271	22,271	1,130	52.00
53.00	05300	0	2,207,368	1,724	1,724	0	53.00
54.00	05400	0	13,965,064	45,104	45,104	0	54.00
55.00	05500	0	8,716,185	21,193	21,193	0	55.00
56.00	05600	0	3,460,572	9,523	9,523	0	56.00
57.00	05700	0	4,557,470	4,686	4,686	0	57.00
58.00	05800	0	3,500,286	10,792	10,792	0	58.00
59.00	05900	0	3,666,770	30,037	30,037	0	59.00
60.00	06000	0	17,324,254	4,100	4,100	0	60.00
62.00	06200	0	1,863,787	0	0	0	62.00
65.00	06500	0	10,216,657	2,850	2,850	0	65.00
66.00	06600	0	7,476,909	514	514	0	66.00
67.00	06700	0	11,058,597	28,750	28,750	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	4,694,685	6,481	6,481	0	69.00
70.00	07000	0	1,918,934	2,369	2,369	0	70.00
71.00	07100	0	43,190,806	302	302	0	71.00
72.00	07200	0	31,640,169	0	0	0	72.00
73.00	07300	0	30,299,049	0	0	0	73.00
74.00	07400	0	1,347,988	3,342	3,342	0	74.00
75.00	07500	0	5,311,434	14,243	14,243	0	75.00
76.00	03950	0	1,010,456	4,017	4,017	0	76.00
76.20	03951	0	917,085	4,171	4,171	0	76.20
76.45	03340	0	4,682,282	10,593	10,593	0	76.45
76.97	07697	0	611,790	1,895	1,895	0	76.97
76.99	07699	0	1,363,133	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	128,797	519	519	0	90.01
90.02	09002	0	1,489,773	5,131	5,131	0	90.02
90.03	09003	0	828,158	1,871	1,871	0	90.03
90.05	09004	0	0	0	0	0	90.05
90.06	09005	0	878,580	0	0	0	90.06
90.07	09006	0	0	0	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)		
		5A.06	5.06	6.00	7.00	8.00		
91.00	09100	EMERGENCY	0	17,079,663	24,926	24,926	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-82,642,501	515,196,053	852,775	852,775	162,981	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	960,373	17,693	17,693	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		82,642,501	40,083,376	0	3,239,622	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.160111	46.048075	0.000000	19.877299	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		6,503,308	11,331,180	0	35,183	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.012599	13.017342	0.000000	0.215872	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	854,673					9.00
10.00	01000	DIETARY	13,607	162,981				10.00
11.00	01100	CAFETERIA	18,111	0	205,352,789			11.00
13.00	01300	NURSING ADMINISTRATION	10,646	0	4,302,430	4,723,674		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,608	0	2,590,696	2,145	71,538,367	14.00
15.00	01500	PHARMACY	8,114	0	8,753,378	12,425	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,655	0	350	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,442	0	1,991,716	491	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	13,150,571	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,606	0	6,447,581	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	639	0	248,552	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	135	0	154,757	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	282,008	102,002	51,622,663	2,141,770	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,555	6,715	6,480,013	214,427	0	31.00
32.00	03200	CORONARY CARE UNIT	27,646	8,259	7,078,047	228,098	0	32.00
32.01	03201	NEONATAL CARE UNIT	19,067	14,193	9,430,334	284,780	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	28,383	10,175	5,475,107	195,596	0	40.00
41.00	04100	SUBPROVIDER - I RF	27,433	12,390	5,014,215	193,943	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	692	8,117	1,515,606	43,468	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,073	0	11,304,340	329,463	0	50.00
51.00	05100	RECOVERY ROOM	4,156	0	1,677,369	53,801	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,271	1,130	5,030,592	181,688	0	52.00
53.00	05300	ANESTHESIOLOGY	1,724	0	661,476	22,367	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,104	0	8,542,578	49,218	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,193	0	1,342,993	160	0	55.00
56.00	05600	RADIOISOTOPE	9,523	0	1,516,746	1,003	0	56.00
57.00	05700	CT SCAN	4,686	0	1,968,021	12,643	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,792	0	1,706,328	8,767	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,037	0	1,598,464	43,682	0	59.00
60.00	06000	LABORATORY	4,100	0	6,207	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,850	0	7,156,418	108	0	65.00
66.00	06600	PHYSICAL THERAPY	514	0	5,356,768	24	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,750	0	7,444,757	5,196	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,481	0	2,648,518	75,643	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,369	0	1,026,718	4,167	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	302	0	465,487	0	40,789,296	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	30,749,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,342	0	768,666	17,021	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,243	0	3,331,993	106,087	0	75.00
76.00	03950	REHAB MEDICINE	4,017	0	659,076	550	0	76.00
76.20	03951	DAY HOSPITAL	4,171	0	608,521	8,546	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	10,593	0	2,696,559	85,404	0	76.45
76.97	07697	CARDIAC REHABILITATION	1,895	0	398,175	10,952	0	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	519	0	85,175	1,826	0	90.01
90.02	09002	OUTPATIENT CENTER	5,131	0	905,429	16,966	0	90.02
90.03	09003	PAIN CLINIC	1,871	0	483,445	13,864	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	647,083	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
91.00	09100	EMERGENCY	24,926	0	10,757,182	357,318	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	836,980	162,981	205,051,100	4,723,607	71,538,367	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,693	0	301,689	67	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,830,274	5,555,803	5,103,778	8,357,362	5,620,710	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.671834	34.088655	0.024854	1.769250	0.078569	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	753,807	640,046	783,316	1,019,378	732,968	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.881983	3.927120	0.003814	0.215802	0.010246	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	30,654,991					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	2,206,246,539				16.00
17.00 01700 SOCIAL SERVICE	0	0	162,981			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	17,342		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	17,342	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	272,279	286,291,372	102,002	13,148	13,148	30.00
31.00 03100 INTENSIVE CARE UNIT	48,520	38,145,344	6,715	0	0	31.00
32.00 03200 CORONARY CARE UNIT	34,977	44,681,124	8,259	0	0	32.00
32.01 03201 NEONATAL CARE UNIT	54,367	75,104,192	14,193	0	0	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	665	24,247,025	10,175	1,200	1,200	40.00
41.00 04100 SUBPROVIDER - IRF	5,105	27,444,454	12,390	8	8	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	171	10,776,249	8,117	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	137,525	120,383,696	0	1,527	1,527	50.00
51.00 05100 RECOVERY ROOM	9,948	20,636,776	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	67,388	30,942,305	1,130	0	0	52.00
53.00 05300 ANESTHESIOLOGY	519,667	69,058,185	0	201	201	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	100,597	111,110,880	0	7	7	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	31,379	51,133,280	0	0	0	55.00
56.00 05600 RADIO SOTOPE	881,464	27,981,131	0	0	0	56.00
57.00 05700 CT SCAN	112,672	138,098,108	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	50,495	71,910,914	0	2	2	58.00
59.00 05900 CARDIAC CATHETERIZATION	18,151	45,371,111	0	0	0	59.00
60.00 06000 LABORATORY	0	158,221,908	0	533	533	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	16,072,154	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	24,737	49,364,402	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	10	33,449,544	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	14,995	34,277,040	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	345,238	49,172,511	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	12,032,496	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	51,279	54,187,045	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	76,845,287	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	27,099,304	263,006,266	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	122,970	5,955,124	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	54,033	41,791,169	0	0	0	75.00
76.00 03950 REHAB MEDICINE	0	1,904,319	0	0	0	76.00
76.20 03951 DAY HOSPITAL	0	2,590,886	0	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	94,176	59,259,403	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	22	2,608,774	0	0	0	76.97
76.99 07699 LI THOTRI PER	0	5,000,237	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	85,160	0	0	0	90.01
90.02 09002 OUTPATIENT CENTER	22,004	3,645,680	0	0	0	90.02
90.03 09003 PAIN CLINIC	39,737	6,528,155	0	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
90.06 09005 ANTI-COAG LAB	1,511	2,834,281	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	437,655	134,098,552	0	716	716	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	30,653,041	2,206,246,539	162,981	17,342	17,342	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,950	0	0	0	0	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	16,722,030	1,288,797	3,200,088	22,871,329	22,219,360	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.545491	0.000584	19.634730	1,318.840330	1,281.245531	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	578,840	279,849	103,959	324,608	1,979,975	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.018882	0.000127	0.637860	18.718026	114.172241	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED PRGM-PASTORAL EDUC.	154,864		23.00
23.01	02301 PARAMED PRGM-PHARMACY		4,864	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	101,120	2,776	30.00
31.00	03100 INTENSIVE CARE UNIT	6,715	64	31.00
32.00	03200 CORONARY CARE UNIT	8,259	184	32.00
32.01	03201 NEONATAL CARE UNIT	14,193	0	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	10,175	0	40.00
41.00	04100 SUBPROVIDER - I RF	12,390	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,012	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,408	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description			PARAMED ED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			23.00	23.01	
91.00	09100	EMERGENCY	0	432	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	154,864	4,864	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	481,524	263,144	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.109335	54.100329	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	32,255	9,144	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.208280	1.879934	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:09 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		121,116,501	0	121,116,501	30.00
31.00	03100 INTENSIVE CARE UNIT		14,245,540	0	14,245,540	31.00
32.00	03200 CORONARY CARE UNIT		16,154,252	0	16,154,252	32.00
32.01	03201 NEONATAL CARE UNIT		19,144,130	0	19,144,130	32.01
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF		12,392,985	87,082	12,480,067	40.00
41.00	04100 SUBPROVIDER - I RF		11,884,627	0	11,884,627	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		3,155,970	0	3,155,970	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		26,032,237	0	26,032,237	50.00
51.00	05100 RECOVERY ROOM		3,416,542	0	3,416,542	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		10,825,525	0	10,825,525	52.00
53.00	05300 ANESTHESIOLOGY		3,041,842	278,143	3,319,985	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		19,268,686	3,717	19,272,403	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		11,436,834	0	11,436,834	55.00
56.00	05600 RADIOISOTOPE		5,110,482	0	5,110,482	56.00
57.00	05700 CT SCAN		5,775,725	0	5,775,725	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		4,821,886	0	4,821,886	58.00
59.00	05900 CARDIAC CATHETERIZATION		6,171,040	0	6,171,040	59.00
60.00	06000 LABORATORY		20,431,366	0	20,431,366	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,171,586	0	2,171,586	62.00
65.00	06500 RESPIRATORY THERAPY	0	12,240,188	0	12,240,188	65.00
66.00	06600 PHYSICAL THERAPY	0	8,856,945	0	8,856,945	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	14,739,820	0	14,739,820	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		6,243,618	62,715	6,306,333	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,405,201	0	2,405,201	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		53,399,835	0	53,399,835	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		39,166,910	0	39,166,910	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		50,162,460	0	50,162,460	73.00
74.00	07400 RENAL DIALYSIS		1,879,833	0	1,879,833	74.00
75.00	07500 ASC (NON-DISTINCT PART)		7,322,589	0	7,322,589	75.00
76.00	03950 REHAB MEDICINE		1,426,585	6,839	1,433,424	76.00
76.20	03951 DAY HOSPITAL		1,340,598	0	1,340,598	76.20
76.45	03340 GASTROENTEROLOGY LAB		6,358,087	0	6,358,087	76.45
76.97	07697 CARDIAC REHABILITATION		851,827	0	851,827	76.97
76.99	07699 LI THOTRI PER		1,584,306	0	1,584,306	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 DIABETES CARE CENTER		185,293	0	185,293	90.01
90.02	09002 OUTPATIENT CENTER		2,096,247	16,415	2,112,662	90.02
90.03	09003 PAIN CLINIC		1,132,653	0	1,132,653	90.03
90.05	09004 WOUND CARE CENTER		0	0	0	90.05
90.06	09005 ANTI-COAG LAB		1,037,812	0	1,037,812	90.06
90.07	09006 HEART RISK ASSESSMENT		0	0	0	90.07
91.00	09100 EMERGENCY		22,517,923	127,728	22,645,651	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		14,677,696	0	14,677,696	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
99.00	09900 CMHC		0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)		566,224,182	582,639	566,806,821	200.00
201.00	Less Observation Beds		14,677,696	0	14,677,696	201.00
202.00	Total (see instructions)		551,546,486	582,639	552,129,125	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:09 am
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		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	286,291,372		286,291,372		30.00
31.00	03100	INTENSIVE CARE UNIT	38,145,344		38,145,344		31.00
32.00	03200	CORONARY CARE UNIT	44,681,124		44,681,124		32.00
32.01	03201	NEONATAL CARE UNIT	75,104,192		75,104,192		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	24,247,025		24,247,025		40.00
41.00	04100	SUBPROVIDER - I/RF	27,444,454		27,444,454		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	10,776,249		10,776,249		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	76,209,370	44,174,326	120,383,696	0.216244	50.00
51.00	05100	RECOVERY ROOM	10,770,006	9,866,770	20,636,776	0.165556	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,105,194	1,837,111	30,942,305	0.349862	52.00
53.00	05300	ANESTHESIOLOGY	30,905,467	38,152,718	69,058,185	0.044048	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,339,011	74,771,869	111,110,880	0.173419	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,719,351	49,413,929	51,133,280	0.223667	55.00
56.00	05600	RADIOISOTOPE	9,471,537	18,509,594	27,981,131	0.182640	56.00
57.00	05700	CT SCAN	50,491,149	87,606,960	138,098,109	0.041823	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,161,583	52,749,331	71,910,914	0.067054	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,059,000	25,312,111	45,371,111	0.136013	59.00
60.00	06000	LABORATORY	106,123,092	52,098,816	158,221,908	0.129131	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,624,489	3,447,665	16,072,154	0.135115	62.00
65.00	06500	RESPIRATORY THERAPY	45,426,403	3,937,999	49,364,402	0.247956	65.00
66.00	06600	PHYSICAL THERAPY	32,248,355	1,201,188	33,449,543	0.264785	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,254,019	32,023,021	34,277,040	0.430020	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,353,447	26,428,375	48,781,822	0.127991	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,385,057	8,647,439	12,032,496	0.199892	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,265,640	16,921,405	54,187,045	0.985472	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	57,590,205	19,255,082	76,845,287	0.509685	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	194,719,575	68,270,982	262,990,557	0.190739	73.00
74.00	07400	RENAL DIALYSIS	5,245,909	709,215	5,955,124	0.315666	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,501,786	38,289,382	41,791,168	0.175219	75.00
76.00	03950	REHAB MEDICINE	755,133	1,149,186	1,904,319	0.749131	76.00
76.20	03951	DAY HOSPITAL	5,861	2,585,025	2,590,886	0.517428	76.20
76.45	03340	GASTROENTEROLOGY LAB	7,860,368	51,399,035	59,259,403	0.107292	76.45
76.97	07697	CARDIAC REHABILITATION	226,331	2,382,443	2,608,774	0.326524	76.97
76.99	07699	LITHOTRIPER	14,613	4,985,624	5,000,237	0.316846	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	1,218	83,942	85,160	2.175822	90.01
90.02	09002	OUTPATIENT CENTER	37,599	3,623,791	3,661,390	0.572528	90.02
90.03	09003	PAIN CLINIC	12,837	6,515,318	6,528,155	0.173503	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	6,646	2,827,635	2,834,281	0.366164	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	46,997,181	87,101,371	134,098,552	0.167921	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,467,185	30,705,610	41,172,795	0.356490	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	1,380,044,377	866,984,268	2,247,028,645		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,380,044,377	866,984,268	2,247,028,645		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:09 am
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
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.216244		50.00
51.00	05100	RECOVERY ROOM	0.165556		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.349862		52.00
53.00	05300	ANESTHESIOLOGY	0.048075		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173452		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.223667		55.00
56.00	05600	RADIOISOTOPE	0.182640		56.00
57.00	05700	CT SCAN	0.041823		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.067054		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136013		59.00
60.00	06000	LABORATORY	0.129131		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135115		62.00
65.00	06500	RESPIRATORY THERAPY	0.247956		65.00
66.00	06600	PHYSICAL THERAPY	0.264785		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.430020		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.129276		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199892		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.985472		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.509685		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190739		73.00
74.00	07400	RENAL DIALYSIS	0.315666		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.175219		75.00
76.00	03950	REHAB MEDICINE	0.752723		76.00
76.20	03951	DAY HOSPITAL	0.517428		76.20
76.45	03340	GASTROENTEROLOGY LAB	0.107292		76.45
76.97	07697	CARDIAC REHABILITATION	0.326524		76.97
76.99	07699	LITHOTRIPER	0.316846		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CARE CENTER	2.175822		90.01
90.02	09002	OUTPATIENT CENTER	0.577011		90.02
90.03	09003	PAIN CLINIC	0.173503		90.03
90.05	09004	WOUND CARE CENTER	0.000000		90.05
90.06	09005	ANTI-COAG LAB	0.366164		90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100	EMERGENCY	0.168873		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.356490		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.00	09900	CMHC			99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:09 am		
			Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	121,116,501	121,116,501	0	121,116,501	30.00
31.00	03100	INTENSIVE CARE UNIT	14,245,540	14,245,540	0	14,245,540	31.00
32.00	03200	CORONARY CARE UNIT	16,154,252	16,154,252	0	16,154,252	32.00
32.01	03201	NEONATAL CARE UNIT	19,144,130	19,144,130	0	19,144,130	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	12,392,985	12,392,985	87,082	12,480,067	40.00
41.00	04100	SUBPROVIDER - I RF	11,884,627	11,884,627	0	11,884,627	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,155,970	3,155,970	0	3,155,970	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,032,237	26,032,237	0	26,032,237	50.00
51.00	05100	RECOVERY ROOM	3,416,542	3,416,542	0	3,416,542	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,825,525	10,825,525	0	10,825,525	52.00
53.00	05300	ANESTHESIOLOGY	3,041,842	3,041,842	278,143	3,319,985	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,268,686	19,268,686	3,717	19,272,403	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,436,834	11,436,834	0	11,436,834	55.00
56.00	05600	RADIOISOTOPE	5,110,482	5,110,482	0	5,110,482	56.00
57.00	05700	CT SCAN	5,775,725	5,775,725	0	5,775,725	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,821,886	4,821,886	0	4,821,886	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,171,040	6,171,040	0	6,171,040	59.00
60.00	06000	LABORATORY	20,431,366	20,431,366	0	20,431,366	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,171,586	2,171,586	0	2,171,586	62.00
65.00	06500	RESPIRATORY THERAPY	12,240,188	12,240,188	0	12,240,188	65.00
66.00	06600	PHYSICAL THERAPY	8,856,945	8,856,945	0	8,856,945	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,739,820	14,739,820	0	14,739,820	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,243,618	6,243,618	62,715	6,306,333	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,405,201	2,405,201	0	2,405,201	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,399,835	53,399,835	0	53,399,835	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	39,166,910	39,166,910	0	39,166,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,162,460	50,162,460	0	50,162,460	73.00
74.00	07400	RENAL DIALYSIS	1,879,833	1,879,833	0	1,879,833	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,322,589	7,322,589	0	7,322,589	75.00
76.00	03950	REHAB MEDICINE	1,426,585	1,426,585	6,839	1,433,424	76.00
76.20	03951	DAY HOSPITAL	1,340,598	1,340,598	0	1,340,598	76.20
76.45	03340	GASTROENTEROLOGY LAB	6,358,087	6,358,087	0	6,358,087	76.45
76.97	07697	CARDIAC REHABILITATION	851,827	851,827	0	851,827	76.97
76.99	07699	LITHOTRIPER	1,584,306	1,584,306	0	1,584,306	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	185,293	185,293	0	185,293	90.01
90.02	09002	OUTPATIENT CENTER	2,096,247	2,096,247	16,415	2,112,662	90.02
90.03	09003	PAIN CLINIC	1,132,653	1,132,653	0	1,132,653	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	1,037,812	1,037,812	0	1,037,812	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100	EMERGENCY	22,517,923	22,517,923	127,728	22,645,651	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,677,696	14,677,696	0	14,677,696	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
200.00		Subtotal (see instructions)	566,224,182	566,224,182	582,639	566,806,821	200.00
201.00		Less Observation Beds	14,677,696	14,677,696	0	14,677,696	201.00
202.00		Total (see instructions)	551,546,486	551,546,486	582,639	552,129,125	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 6:09 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	286,291,372		286,291,372				30.00
31.00	03100	INTENSIVE CARE UNIT	38,145,344		38,145,344				31.00
32.00	03200	CORONARY CARE UNIT	44,681,124		44,681,124				32.00
32.01	03201	NEONATAL CARE UNIT	75,104,192		75,104,192				32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	24,247,025		24,247,025				40.00
41.00	04100	SUBPROVIDER - I/RF	27,444,454		27,444,454				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	10,776,249		10,776,249				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	76,209,370	44,174,326	120,383,696	0.216244	0.000000		50.00
51.00	05100	RECOVERY ROOM	10,770,006	9,866,770	20,636,776	0.165556	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,105,194	1,837,111	30,942,305	0.349862	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	30,905,467	38,152,718	69,058,185	0.044048	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,339,011	74,771,869	111,110,880	0.173419	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,719,351	49,413,929	51,133,280	0.223667	0.000000		55.00
56.00	05600	RADIOISOTOPE	9,471,537	18,509,594	27,981,131	0.182640	0.000000		56.00
57.00	05700	CT SCAN	50,491,149	87,606,960	138,098,109	0.041823	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,161,583	52,749,331	71,910,914	0.067054	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	20,059,000	25,312,111	45,371,111	0.136013	0.000000		59.00
60.00	06000	LABORATORY	106,123,092	52,098,816	158,221,908	0.129131	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,624,489	3,447,665	16,072,154	0.135115	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	45,426,403	3,937,999	49,364,402	0.247956	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	32,248,355	1,201,188	33,449,543	0.264785	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,254,019	32,023,021	34,277,040	0.430020	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	22,353,447	26,428,375	48,781,822	0.127991	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,385,057	8,647,439	12,032,496	0.199892	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,265,640	16,921,405	54,187,045	0.985472	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	57,590,205	19,255,082	76,845,287	0.509685	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	194,719,575	68,270,982	262,990,557	0.190739	0.000000		73.00
74.00	07400	RENAL DIALYSIS	5,245,909	709,215	5,955,124	0.315666	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,501,786	38,289,382	41,791,168	0.175219	0.000000		75.00
76.00	03950	REHAB MEDICINE	755,133	1,149,186	1,904,319	0.749131	0.000000		76.00
76.20	03951	DAY HOSPITAL	5,861	2,585,025	2,590,886	0.517428	0.000000		76.20
76.45	03340	GASTROENTEROLOGY LAB	7,860,368	51,399,035	59,259,403	0.107292	0.000000		76.45
76.97	07697	CARDIAC REHABILITATION	226,331	2,382,443	2,608,774	0.326524	0.000000		76.97
76.99	07699	LITHOTRIPER	14,613	4,985,624	5,000,237	0.316846	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	DIABETES CARE CENTER	1,218	83,942	85,160	2.175822	0.000000		90.01
90.02	09002	OUTPATIENT CENTER	37,599	3,623,791	3,661,390	0.572528	0.000000		90.02
90.03	09003	PAIN CLINIC	12,837	6,515,318	6,528,155	0.173503	0.000000		90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000		90.05
90.06	09005	ANTI-COAG LAB	6,646	2,827,635	2,834,281	0.366164	0.000000		90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	0.000000		90.07
91.00	09100	EMERGENCY	46,997,181	87,101,371	134,098,552	0.167921	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,467,185	30,705,610	41,172,795	0.356490	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
99.00	09900	CMHC	0	0	0				99.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
200.00		Subtotal (see instructions)	1,380,044,377	866,984,268	2,247,028,645				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,380,044,377	866,984,268	2,247,028,645				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:09 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	REHAB MEDICINE	0.000000		76.00
76.20	03951	DAY HOSPITAL	0.000000		76.20
76.45	03340	GASTROENTEROLOGY LAB	0.000000		76.45
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.99	07699	LITHOTRIPER	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CARE CENTER	0.000000		90.01
90.02	09002	OUTPATIENT CENTER	0.000000		90.02
90.03	09003	PAIN CLINIC	0.000000		90.03
90.05	09004	WOUND CARE CENTER	0.000000		90.05
90.06	09005	ANTI-COAG LAB	0.000000		90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.00	09900	CMHC			99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:09 am
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		Title V		Hospital		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	121,116,501		121,116,501	0	121,116,501 30.00
31.00	03100 INTENSIVE CARE UNIT	14,245,540		14,245,540	0	14,245,540 31.00
32.00	03200 CORONARY CARE UNIT	16,154,252		16,154,252	0	16,154,252 32.00
32.01	03201 NEONATAL CARE UNIT	19,144,130		19,144,130	0	19,144,130 32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0 33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0 34.00
40.00	04000 SUBPROVIDER - I PF	12,392,985		12,392,985	87,082	12,480,067 40.00
41.00	04100 SUBPROVIDER - I RF	11,884,627		11,884,627	0	11,884,627 41.00
42.00	04200 SUBPROVIDER	0		0	0	0 42.00
43.00	04300 NURSERY	3,155,970		3,155,970	0	3,155,970 43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	26,032,237		26,032,237	0	26,032,237 50.00
51.00	05100 RECOVERY ROOM	3,416,542		3,416,542	0	3,416,542 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,825,525		10,825,525	0	10,825,525 52.00
53.00	05300 ANESTHESIOLOGY	3,041,842		3,041,842	278,143	3,319,985 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,268,686		19,268,686	3,717	19,272,403 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	11,436,834		11,436,834	0	11,436,834 55.00
56.00	05600 RADIOISOTOPE	5,110,482		5,110,482	0	5,110,482 56.00
57.00	05700 CT SCAN	5,775,725		5,775,725	0	5,775,725 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,821,886		4,821,886	0	4,821,886 58.00
59.00	05900 CARDIAC CATHETERIZATION	6,171,040		6,171,040	0	6,171,040 59.00
60.00	06000 LABORATORY	20,431,366		20,431,366	0	20,431,366 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,171,586		2,171,586	0	2,171,586 62.00
65.00	06500 RESPIRATORY THERAPY	12,240,188	0	12,240,188	0	12,240,188 65.00
66.00	06600 PHYSICAL THERAPY	8,856,945	0	8,856,945	0	8,856,945 66.00
67.00	06700 OCCUPATIONAL THERAPY	14,739,820	0	14,739,820	0	14,739,820 67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	6,243,618		6,243,618	62,715	6,306,333 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,405,201		2,405,201	0	2,405,201 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	53,399,835		53,399,835	0	53,399,835 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	39,166,910		39,166,910	0	39,166,910 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50,162,460		50,162,460	0	50,162,460 73.00
74.00	07400 RENAL DIALYSIS	1,879,833		1,879,833	0	1,879,833 74.00
75.00	07500 ASC (NON-DISTINCT PART)	7,322,589		7,322,589	0	7,322,589 75.00
76.00	03950 REHAB MEDICINE	1,426,585		1,426,585	6,839	1,433,424 76.00
76.20	03951 DAY HOSPITAL	1,340,598		1,340,598	0	1,340,598 76.20
76.45	03340 GASTROENTEROLOGY LAB	6,358,087		6,358,087	0	6,358,087 76.45
76.97	07697 CARDIAC REHABILITATION	851,827		851,827	0	851,827 76.97
76.99	07699 LI THOTRI PER	1,584,306		1,584,306	0	1,584,306 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0		0	0	0 90.00
90.01	09001 DIABETES CARE CENTER	185,293		185,293	0	185,293 90.01
90.02	09002 OUTPATIENT CENTER	2,096,247		2,096,247	16,415	2,112,662 90.02
90.03	09003 PAIN CLINIC	1,132,653		1,132,653	0	1,132,653 90.03
90.05	09004 WOUND CARE CENTER	0		0	0	0 90.05
90.06	09005 ANTI-COAG LAB	1,037,812		1,037,812	0	1,037,812 90.06
90.07	09006 HEART RISK ASSESSMENT	0		0	0	0 90.07
91.00	09100 EMERGENCY	22,517,923		22,517,923	127,728	22,645,651 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,677,696		14,677,696	0	14,677,696 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0		0	0	0 95.00
99.00	09900 CMHC	0		0	0	0 99.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0		0	0	0 109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0 110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0 111.00
200.00	Subtotal (see instructions)	566,224,182	0	566,224,182	582,639	566,806,821 200.00
201.00	Less Observation Beds	14,677,696		14,677,696	0	14,677,696 201.00
202.00	Total (see instructions)	551,546,486	0	551,546,486	582,639	552,129,125 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/24/2017 6:09 am	
			Title V			Hospital		
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	286,291,372		286,291,372			30.00
31.00	03100	INTENSIVE CARE UNIT	38,145,344		38,145,344			31.00
32.00	03200	CORONARY CARE UNIT	44,681,124		44,681,124			32.00
32.01	03201	NEONATAL CARE UNIT	75,104,192		75,104,192			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	24,247,025		24,247,025			40.00
41.00	04100	SUBPROVIDER - I/RF	27,444,454		27,444,454			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	10,776,249		10,776,249			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	76,209,370	44,174,326	120,383,696	0.216244	0.000000	50.00
51.00	05100	RECOVERY ROOM	10,770,006	9,866,770	20,636,776	0.165556	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,105,194	1,837,111	30,942,305	0.349862	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	30,905,467	38,152,718	69,058,185	0.044048	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,339,011	74,771,869	111,110,880	0.173419	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,719,351	49,413,929	51,133,280	0.223667	0.000000	55.00
56.00	05600	RADIOISOTOPE	9,471,537	18,509,594	27,981,131	0.182640	0.000000	56.00
57.00	05700	CT SCAN	50,491,149	87,606,960	138,098,109	0.041823	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,161,583	52,749,331	71,910,914	0.067054	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,059,000	25,312,111	45,371,111	0.136013	0.000000	59.00
60.00	06000	LABORATORY	106,123,092	52,098,816	158,221,908	0.129131	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,624,489	3,447,665	16,072,154	0.135115	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	45,426,403	3,937,999	49,364,402	0.247956	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	32,248,355	1,201,188	33,449,543	0.264785	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,254,019	32,023,021	34,277,040	0.430020	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,353,447	26,428,375	48,781,822	0.127991	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,385,057	8,647,439	12,032,496	0.199892	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,265,640	16,921,405	54,187,045	0.985472	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	57,590,205	19,255,082	76,845,287	0.509685	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	194,719,575	68,270,982	262,990,557	0.190739	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,245,909	709,215	5,955,124	0.315666	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,501,786	38,289,382	41,791,168	0.175219	0.000000	75.00
76.00	03950	REHAB MEDICINE	755,133	1,149,186	1,904,319	0.749131	0.000000	76.00
76.20	03951	DAY HOSPITAL	5,861	2,585,025	2,590,886	0.517428	0.000000	76.20
76.45	03340	GASTROENTEROLOGY LAB	7,860,368	51,399,035	59,259,403	0.107292	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	226,331	2,382,443	2,608,774	0.326524	0.000000	76.97
76.99	07699	LITHOTRIPER	14,613	4,985,624	5,000,237	0.316846	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	1,218	83,942	85,160	2.175822	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	37,599	3,623,791	3,661,390	0.572528	0.000000	90.02
90.03	09003	PAIN CLINIC	12,837	6,515,318	6,528,155	0.173503	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000	90.05
90.06	09005	ANTI-COAG LAB	6,646	2,827,635	2,834,281	0.366164	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	0.000000	90.07
91.00	09100	EMERGENCY	46,997,181	87,101,371	134,098,552	0.167921	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,467,185	30,705,610	41,172,795	0.356490	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.00	09900	CMHC	0	0	0			99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	1,380,044,377	866,984,268	2,247,028,645			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,380,044,377	866,984,268	2,247,028,645			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 6:09 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title V	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	REHAB MEDICINE	0.000000		76.00
76.20	03951	DAY HOSPITAL	0.000000		76.20
76.45	03340	GASTROENTEROLOGY LAB	0.000000		76.45
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.99	07699	LITHOTRIPER	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CARE CENTER	0.000000		90.01
90.02	09002	OUTPATIENT CENTER	0.000000		90.02
90.03	09003	PAIN CLINIC	0.000000		90.03
90.05	09004	WOUND CARE CENTER	0.000000		90.05
90.06	09005	ANTI-COAG LAB	0.000000		90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.00	09900	CMHC			99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/24/2017 6:09 am
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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	13,773,405	0	13,773,405	115,103	119.66	30.00
31.00	INTENSIVE CARE UNIT	1,212,057		1,212,057	6,715	180.50	31.00
32.00	CORONARY CARE UNIT	1,408,594		1,408,594	8,259	170.55	32.00
32.01	NEONATAL CARE UNIT	1,155,251		1,155,251	14,193	81.40	32.01
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,383,695	0	1,383,695	10,175	135.99	40.00
41.00	SUBPROVIDER - IRF	1,387,531	0	1,387,531	12,390	111.99	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	114,056		114,056	8,117	14.05	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	20,434,589		20,434,589	174,952		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	36,897	4,415,095				
31.00	INTENSIVE CARE UNIT	1,011	182,486				
32.00	CORONARY CARE UNIT	3,767	642,462				
32.01	NEONATAL CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	3,014	409,874				
41.00	SUBPROVIDER - IRF	7,261	813,159				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	51,950	6,463,076				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 6:09 am		
Title XVIII				Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,422,694	120,383,696	0.020125	26,355,638	530,407	50.00
51.00	05100	RECOVERY ROOM	228,241	20,636,776	0.011060	4,008,566	44,335	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,084,014	30,942,305	0.035033	57,034	1,998	52.00
53.00	05300	ANESTHESIOLOGY	132,890	69,058,185	0.001924	8,217,289	15,810	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,097,206	111,110,880	0.018875	13,545,241	255,666	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	990,357	51,133,280	0.019368	854,217	16,544	55.00
56.00	05600	RADIOISOTOPE	462,583	27,981,131	0.016532	4,184,854	69,184	56.00
57.00	05700	CT SCAN	297,273	138,098,109	0.002153	20,747,639	44,670	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	512,185	71,910,914	0.007122	7,047,173	50,190	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,294,751	45,371,111	0.028537	8,756,416	249,882	59.00
60.00	06000	LABORATORY	422,408	158,221,908	0.002670	35,675,079	95,252	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	27,323	16,072,154	0.001700	3,187,389	5,419	62.00
65.00	06500	RESPIRATORY THERAPY	406,378	49,364,402	0.008232	9,608,001	79,093	65.00
66.00	06600	PHYSICAL THERAPY	155,541	33,449,543	0.004650	7,344,335	34,151	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,360,127	34,277,040	0.039680	58,657	2,328	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	372,664	48,781,822	0.007639	9,154,097	69,928	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	151,043	12,032,496	0.012553	806,223	10,121	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	991,064	54,187,045	0.018290	12,835,683	234,765	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	732,055	76,845,287	0.009526	22,920,432	218,340	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	956,302	262,990,557	0.003636	57,373,674	208,611	73.00
74.00	07400	RENAL DIALYSIS	164,756	5,955,124	0.027666	2,730,949	75,554	74.00
75.00	07500	ASC (NON-DISTINCT PART)	698,727	41,791,168	0.016719	393,702	6,582	75.00
76.00	03950	REHAB MEDICINE	180,345	1,904,319	0.094703	69,450	6,577	76.00
76.20	03951	DAY HOSPITAL	186,902	2,590,886	0.072138	406	29	76.20
76.45	03340	GASTROENTEROLOGY LAB	539,353	59,259,403	0.009102	3,620,156	32,951	76.45
76.97	07697	CARDIAC REHABILITATION	89,967	2,608,774	0.034486	84,630	2,919	76.97
76.99	07699	LITHOTRIPER	18,369	5,000,237	0.003674	7,944	29	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	DIABETES CARE CENTER	23,605	85,160	0.277184	1,040	288	90.01
90.02	09002	OUTPATIENT CENTER	237,312	3,661,390	0.064815	37,599	2,437	90.02
90.03	09003	PAIN CLINIC	94,553	6,528,155	0.014484	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005	ANTI-COAG LAB	15,700	2,834,281	0.005539	6,597	37	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
91.00	09100	EMERGENCY	1,409,310	134,098,552	0.010510	19,108,248	200,828	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,669,148	41,172,795	0.040540	4,225,195	171,289	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	20,425,146	1,740,338,885		283,023,553	2,736,214	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/24/2017 6:09 am
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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	464,600	0	464,600	30.00
31.00	03100	INTENSIVE CARE UNIT	0	24,341	0	24,341	31.00
32.00	03200	CORONARY CARE UNIT	0	35,634	0	35,634	32.00
32.01	03201	NEONATAL CARE UNIT	0	44,131	0	44,131	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	31,637	0	31,637	40.00
41.00	04100	SUBPROVIDER - IRF	0	38,525	0	38,525	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	638,868	0	638,868	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
	6.00	7.00	8.00	9.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	115,103	4.04	36,897	149,064	30.00
31.00	03100	INTENSIVE CARE UNIT	6,715	3.62	1,011	3,660	31.00
32.00	03200	CORONARY CARE UNIT	8,259	4.31	3,767	16,236	32.00
32.01	03201	NEONATAL CARE UNIT	14,193	3.11	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	10,175	3.11	3,014	9,374	40.00
41.00	04100	SUBPROVIDER - IRF	12,390	3.11	7,261	22,582	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	8,117	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00		Total (lines 30-199)	174,952		51,950	200,916	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:09 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,256	0	6,256	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	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	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	76,173	0	76,173	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00	03950	REHAB MEDICINE	0	0	0	0	0	76.00	
76.20	03951	DAY HOSPITAL	0	0	0	0	0	76.20	
76.45	03340	GASTROENTEROLOGY LAB	0	0	0	0	0	76.45	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	DIABETES CARE CENTER	0	0	0	0	0	90.01	
90.02	09002	OUTPATIENT CENTER	0	0	0	0	0	90.02	
90.03	09003	PAIN CLINIC	0	0	0	0	0	90.03	
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05	
90.06	09005	ANTI-COAG LAB	0	0	0	0	0	90.06	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07	
91.00	09100	EMERGENCY	0	0	23,371	0	23,371	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	56,304	0	56,304	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (lines 50-199)	0	0	162,104	0	162,104	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:09 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	120,383,696	0.000000	0.000000	26,355,638	50.00
51.00	05100 RECOVERY ROOM	0	20,636,776	0.000000	0.000000	4,008,566	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,256	30,942,305	0.000202	0.000202	57,034	52.00
53.00	05300 ANESTHESIOLOGY	0	69,058,185	0.000000	0.000000	8,217,289	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	111,110,880	0.000000	0.000000	13,545,241	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	51,133,280	0.000000	0.000000	854,217	55.00
56.00	05600 RADIOISOTOPE	0	27,981,131	0.000000	0.000000	4,184,854	56.00
57.00	05700 CT SCAN	0	138,098,109	0.000000	0.000000	20,747,639	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	71,910,914	0.000000	0.000000	7,047,173	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	45,371,111	0.000000	0.000000	8,756,416	59.00
60.00	06000 LABORATORY	0	158,221,908	0.000000	0.000000	35,675,079	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	16,072,154	0.000000	0.000000	3,187,389	62.00
65.00	06500 RESPIRATORY THERAPY	0	49,364,402	0.000000	0.000000	9,608,001	65.00
66.00	06600 PHYSICAL THERAPY	0	33,449,543	0.000000	0.000000	7,344,335	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	34,277,040	0.000000	0.000000	58,657	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	48,781,822	0.000000	0.000000	9,154,097	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	12,032,496	0.000000	0.000000	806,223	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	54,187,045	0.000000	0.000000	12,835,683	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	76,845,287	0.000000	0.000000	22,920,432	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	76,173	262,990,557	0.000290	0.000290	57,373,674	73.00
74.00	07400 RENAL DIALYSIS	0	5,955,124	0.000000	0.000000	2,730,949	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	41,791,168	0.000000	0.000000	393,702	75.00
76.00	03950 REHAB MEDICINE	0	1,904,319	0.000000	0.000000	69,450	76.00
76.20	03951 DAY HOSPITAL	0	2,590,886	0.000000	0.000000	406	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	59,259,403	0.000000	0.000000	3,620,156	76.45
76.97	07697 CARDIAC REHABILITATION	0	2,608,774	0.000000	0.000000	84,630	76.97
76.99	07699 LI THOTRI PER	0	5,000,237	0.000000	0.000000	7,944	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 DIABETES CARE CENTER	0	85,160	0.000000	0.000000	1,040	90.01
90.02	09002 OUTPATIENT CENTER	0	3,661,390	0.000000	0.000000	37,599	90.02
90.03	09003 PAIN CLINIC	0	6,528,155	0.000000	0.000000	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005 ANTI-COAG LAB	0	2,834,281	0.000000	0.000000	6,597	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	23,371	134,098,552	0.000174	0.000174	19,108,248	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	56,304	41,172,795	0.001368	0.001368	4,225,195	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	162,104	1,740,338,885			283,023,553	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:09 am
Title XVIII		Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	9,002,736	0	50.00
51.00 05100 RECOVERY ROOM	0	2,246,960	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	12	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	7,270,479	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	14,009,558	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	20,104,016	0	55.00
56.00 05600 RADIOISOTOPE	0	6,652,926	0	56.00
57.00 05700 CT SCAN	0	26,823,736	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,395,552	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	9,352,384	0	59.00
60.00 06000 LABORATORY	0	10,136,127	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,049,871	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	698,059	0	65.00
66.00 06600 PHYSICAL THERAPY	0	96,956	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,072,701	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	6,335,271	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,082,189	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,542,406	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	7,179,096	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	16,638	18,826,785	5,460	73.00
74.00 07400 RENAL DIALYSIS	0	356,573	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	3,926,069	0	75.00
76.00 03950 REHAB MEDICINE	0	213,599	0	76.00
76.20 03951 DAY HOSPITAL	0	494,500	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	12,845,841	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	1,021,636	0	76.97
76.99 07699 LI THOTRI PER	0	3,688,948	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	4,734	0	90.01
90.02 09002 OUTPATIENT CENTER	0	1,588,670	0	90.02
90.03 09003 PAIN CLINIC	0	2,535,924	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	1,858,968	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	0	90.07
91.00 09100 EMERGENCY	3,325	15,312,881	2,664	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,780	7,631,976	10,441	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	25,755	212,358,127	18,565	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:09 am			
		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	0.216244	9,002,736	0	0	1,946,788	50.00
51.00	05100 RECOVERY ROOM	0.165556	2,246,960	0	0	371,998	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.349862	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.044048	7,270,479	0	0	320,250	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.173419	14,009,558	6	0	2,429,524	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.223667	20,104,016	0	0	4,496,605	55.00
56.00	05600 RADIOISOTOPE	0.182640	6,652,926	12	0	1,215,090	56.00
57.00	05700 CT SCAN	0.041823	26,823,736	0	0	1,121,849	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.067054	12,395,552	0	0	831,171	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.136013	9,352,384	0	0	1,272,046	59.00
60.00	06000 LABORATORY	0.129131	10,136,127	153	0	1,308,888	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135115	1,049,871	0	0	141,853	62.00
65.00	06500 RESPIRATORY THERAPY	0.247956	698,059	0	0	173,088	65.00
66.00	06600 PHYSICAL THERAPY	0.264785	96,956	0	0	25,672	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.430020	2,072,701	0	0	891,303	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.127991	6,335,271	6	0	810,858	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.199892	2,082,189	0	0	416,213	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.985472	4,542,406	0	0	4,476,414	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.509685	7,179,096	0	0	3,659,078	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.190739	18,826,785	0	57	3,591,002	73.00
74.00	07400 RENAL DIALYSIS	0.315666	356,573	0	0	112,558	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.175219	3,926,069	0	0	687,922	75.00
76.00	03950 REHAB MEDICINE	0.749131	213,599	0	0	160,014	76.00
76.20	03951 DAY HOSPITAL	0.517428	494,500	0	0	255,868	76.20
76.45	03340 GASTROENTEROLOGY LAB	0.107292	12,845,841	0	0	1,378,256	76.45
76.97	07697 CARDIAC REHABILITATION	0.326524	1,021,636	0	0	333,589	76.97
76.99	07699 LI THOTRIPER	0.316846	3,688,948	0	0	1,168,828	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	2.175822	4,734	0	0	10,300	90.01
90.02	09002 OUTPATIENT CENTER	0.572528	1,588,670	18	2	909,558	90.02
90.03	09003 PAIN CLINIC	0.173503	2,535,924	0	0	439,990	90.03
90.05	09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.366164	1,858,968	0	0	680,687	90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.167921	15,312,881	100	188	2,571,354	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.356490	7,631,976	0	0	2,720,723	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		212,358,127	295	247	40,929,337	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		212,358,127	295	247	40,929,337	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:09 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	2	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	20	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	11	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.99	07699 LI THOTRIPER	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	90.01
90.02	09002 OUTPATIENT CENTER	10	1	90.02
90.03	09003 PAIN CLINIC	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	90.07
91.00	09100 EMERGENCY	17	32	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	51	44	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	51	44	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0223 Component CCN: 14-S223		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/24/2017 6:09 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,422,694	120,383,696	0.020125	2,085	42	50.00
51.00	05100	RECOVERY ROOM	228,241	20,636,776	0.011060	1,446	16	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,084,014	30,942,305	0.035033	0	0	52.00
53.00	05300	ANESTHESIOLOGY	132,890	69,058,185	0.001924	2,666	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,097,206	111,110,880	0.018875	34,598	653	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	990,357	51,133,280	0.019368	0	0	55.00
56.00	05600	RADIOISOTOPE	462,583	27,981,131	0.016532	18,273	302	56.00
57.00	05700	CT SCAN	297,273	138,098,109	0.002153	86,294	186	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	512,185	71,910,914	0.007122	47,652	339	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,294,751	45,371,111	0.028537	0	0	59.00
60.00	06000	LABORATORY	422,408	158,221,908	0.002670	522,054	1,394	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	27,323	16,072,154	0.001700	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	406,378	49,364,402	0.008232	17,095	141	65.00
66.00	06600	PHYSICAL THERAPY	155,541	33,449,543	0.004650	97,804	455	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,360,127	34,277,040	0.039680	109,572	4,348	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	372,664	48,781,822	0.007639	47,956	366	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	151,043	12,032,496	0.012553	5,244	66	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	991,064	54,187,045	0.018290	3,671	67	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	732,055	76,845,287	0.009526	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	956,302	262,990,557	0.003636	702,302	2,554	73.00
74.00	07400	RENAL DIALYSIS	164,756	5,955,124	0.027666	10,085	279	74.00
75.00	07500	ASC (NON-DISTINCT PART)	698,727	41,791,168	0.016719	0	0	75.00
76.00	03950	REHAB MEDICINE	180,345	1,904,319	0.094703	8,124	769	76.00
76.20	03951	DAY HOSPITAL	186,902	2,590,886	0.072138	4,067	293	76.20
76.45	03340	GASTROENTEROLOGY LAB	539,353	59,259,403	0.009102	1,047	10	76.45
76.97	07697	CARDIAC REHABILITATION	89,967	2,608,774	0.034486	0	0	76.97
76.99	07699	LITHOTRIPER	18,369	5,000,237	0.003674	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	DIABETES CARE CENTER	23,605	85,160	0.277184	0	0	90.01
90.02	09002	OUTPATIENT CENTER	237,312	3,661,390	0.064815	0	0	90.02
90.03	09003	PAIN CLINIC	94,553	6,528,155	0.014484	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005	ANTI-COAG LAB	15,700	2,834,281	0.005539	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
91.00	09100	EMERGENCY	1,409,310	134,098,552	0.010510	338,791	3,561	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	41,172,795	0.000000	2,181	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	18,755,998	1,740,338,885		2,063,007	15,846	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:09 am
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	6,256	0	6,256	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	76,173	0	76,173	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	0	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	0	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	23,371	0	23,371	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	105,800	0	105,800	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0223 Component CCN: 14-S223		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:09 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	120,383,696	0.000000	0.000000	2,085	50.00
51.00	05100	RECOVERY ROOM	0	20,636,776	0.000000	0.000000	1,446	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,256	30,942,305	0.000202	0.000202	0	52.00
53.00	05300	ANESTHESIOLOGY	0	69,058,185	0.000000	0.000000	2,666	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	111,110,880	0.000000	0.000000	34,598	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	51,133,280	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	27,981,131	0.000000	0.000000	18,273	56.00
57.00	05700	CT SCAN	0	138,098,109	0.000000	0.000000	86,294	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	71,910,914	0.000000	0.000000	47,652	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	45,371,111	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	158,221,908	0.000000	0.000000	522,054	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	16,072,154	0.000000	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	49,364,402	0.000000	0.000000	17,095	65.00
66.00	06600	PHYSICAL THERAPY	0	33,449,543	0.000000	0.000000	97,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	34,277,040	0.000000	0.000000	109,572	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48,781,822	0.000000	0.000000	47,956	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,032,496	0.000000	0.000000	5,244	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	54,187,045	0.000000	0.000000	3,671	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	76,845,287	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,173	262,990,557	0.000290	0.000290	702,302	73.00
74.00	07400	RENAL DIALYSIS	0	5,955,124	0.000000	0.000000	10,085	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	41,791,168	0.000000	0.000000	0	75.00
76.00	03950	REHAB MEDICINE	0	1,904,319	0.000000	0.000000	8,124	76.00
76.20	03951	DAY HOSPITAL	0	2,590,886	0.000000	0.000000	4,067	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	59,259,403	0.000000	0.000000	1,047	76.45
76.97	07697	CARDIAC REHABILITATION	0	2,608,774	0.000000	0.000000	0	76.97
76.99	07699	LITHOTRIPER	0	5,000,237	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	0	85,160	0.000000	0.000000	0	90.01
90.02	09002	OUTPATIENT CENTER	0	3,661,390	0.000000	0.000000	0	90.02
90.03	09003	PAIN CLINIC	0	6,528,155	0.000000	0.000000	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0	2,834,281	0.000000	0.000000	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0.000000	0.000000	0	90.07
91.00	09100	EMERGENCY	23,371	134,098,552	0.000174	0.000174	338,791	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	41,172,795	0.000000	0.000000	2,181	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	105,800	1,740,338,885			2,063,007	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:09 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	1,648	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,032	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	204	487	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	90.07
91.00	09100 EMERGENCY	59	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	263	5,167	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:09 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.216244	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.165556	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.349862	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.044048	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.173419	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.223667	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.182640	0	0	0	0	56.00
57.00 05700 CT SCAN	0.041823	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.067054	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.136013	0	0	0	0	59.00
60.00 06000 LABORATORY	0.129131	1,648	0	0	213	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135115	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.247956	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.264785	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.430020	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.127991	3,032	0	0	388	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.199892	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.985472	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.509685	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.190739	487	0	0	93	73.00
74.00 07400 RENAL DIALYSIS	0.315666	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.175219	0	0	0	0	75.00
76.00 03950 REHAB MEDICINE	0.749131	0	0	0	0	76.00
76.20 03951 DAY HOSPITAL	0.517428	0	0	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0.107292	0	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0.326524	0	0	0	0	76.97
76.99 07699 LI THOTRI PER	0.316846	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	2.175822	0	0	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0.572528	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0.173503	0	0	0	0	90.03
90.05 09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0.366164	0	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
91.00 09100 EMERGENCY	0.167921	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.356490	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0	0		95.00
200.00	Subtotal (see instructions)		5,167	0	694	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		5,167	0	694	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:09 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 REHAB MEDICINE	0	0	76.00
76.20 03951 DAY HOSPITAL	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.99 07699 LI THOTRI PER	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	90.07
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0223 Component CCN: 14-T223		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/24/2017 6:09 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,422,694	120,383,696	0.020125	4,265	86	50.00
51.00	05100	RECOVERY ROOM	228,241	20,636,776	0.011060	5,162	57	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,084,014	30,942,305	0.035033	0	0	52.00
53.00	05300	ANESTHESIOLOGY	132,890	69,058,185	0.001924	7,134	14	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,097,206	111,110,880	0.018875	224,252	4,233	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	990,357	51,133,280	0.019368	22,728	440	55.00
56.00	05600	RADIOISOTOPE	462,583	27,981,131	0.016532	119,420	1,974	56.00
57.00	05700	CT SCAN	297,273	138,098,109	0.002153	244,522	526	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	512,185	71,910,914	0.007122	100,278	714	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,294,751	45,371,111	0.028537	0	0	59.00
60.00	06000	LABORATORY	422,408	158,221,908	0.002670	956,392	2,554	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	27,323	16,072,154	0.001700	37,882	64	62.00
65.00	06500	RESPIRATORY THERAPY	406,378	49,364,402	0.008232	385,656	3,175	65.00
66.00	06600	PHYSICAL THERAPY	155,541	33,449,543	0.004650	10,067,631	46,814	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,360,127	34,277,040	0.039680	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	372,664	48,781,822	0.007639	75,677	578	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	151,043	12,032,496	0.012553	23,323	293	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	991,064	54,187,045	0.018290	270,676	4,951	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	732,055	76,845,287	0.009526	10,230	97	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	956,302	262,990,557	0.003636	2,654,357	9,651	73.00
74.00	07400	RENAL DIALYSIS	164,756	5,955,124	0.027666	350,958	9,710	74.00
75.00	07500	ASC (NON-DISTINCT PART)	698,727	41,791,168	0.016719	0	0	75.00
76.00	03950	REHAB MEDICINE	180,345	1,904,319	0.094703	229,128	21,699	76.00
76.20	03951	DAY HOSPITAL	186,902	2,590,886	0.072138	0	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	539,353	59,259,403	0.009102	9,116	83	76.45
76.97	07697	CARDIAC REHABILITATION	89,967	2,608,774	0.034486	0	0	76.97
76.99	07699	LITHOTRIPER	18,369	5,000,237	0.003674	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	DIABETES CARE CENTER	23,605	85,160	0.277184	0	0	90.01
90.02	09002	OUTPATIENT CENTER	237,312	3,661,390	0.064815	0	0	90.02
90.03	09003	PAIN CLINIC	94,553	6,528,155	0.014484	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005	ANTI-COAG LAB	15,700	2,834,281	0.005539	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
91.00	09100	EMERGENCY	1,409,310	134,098,552	0.010510	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	41,172,795	0.000000	5,001	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	18,755,998	1,740,338,885		15,803,788	107,713	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:09 am
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	6,256	0	6,256	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	76,173	0	76,173	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	0	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	0	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	23,371	0	23,371	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	105,800	0	105,800	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0223 Component CCN: 14-T223		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:09 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	120,383,696	0.000000	0.000000	4,265	50.00
51.00	05100	RECOVERY ROOM	0	20,636,776	0.000000	0.000000	5,162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,256	30,942,305	0.000202	0.000202	0	52.00
53.00	05300	ANESTHESIOLOGY	0	69,058,185	0.000000	0.000000	7,134	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	111,110,880	0.000000	0.000000	224,252	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	51,133,280	0.000000	0.000000	22,728	55.00
56.00	05600	RADIOISOTOPE	0	27,981,131	0.000000	0.000000	119,420	56.00
57.00	05700	CT SCAN	0	138,098,109	0.000000	0.000000	244,522	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	71,910,914	0.000000	0.000000	100,278	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	45,371,111	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	158,221,908	0.000000	0.000000	956,392	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	16,072,154	0.000000	0.000000	37,882	62.00
65.00	06500	RESPIRATORY THERAPY	0	49,364,402	0.000000	0.000000	385,656	65.00
66.00	06600	PHYSICAL THERAPY	0	33,449,543	0.000000	0.000000	10,067,631	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	34,277,040	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48,781,822	0.000000	0.000000	75,677	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,032,496	0.000000	0.000000	23,323	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	54,187,045	0.000000	0.000000	270,676	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	76,845,287	0.000000	0.000000	10,230	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,173	262,990,557	0.000290	0.000290	2,654,357	73.00
74.00	07400	RENAL DIALYSIS	0	5,955,124	0.000000	0.000000	350,958	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	41,791,168	0.000000	0.000000	0	75.00
76.00	03950	REHAB MEDICINE	0	1,904,319	0.000000	0.000000	229,128	76.00
76.20	03951	DAY HOSPITAL	0	2,590,886	0.000000	0.000000	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	59,259,403	0.000000	0.000000	9,116	76.45
76.97	07697	CARDIAC REHABILITATION	0	2,608,774	0.000000	0.000000	0	76.97
76.99	07699	LITHOTRIPER	0	5,000,237	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	0	85,160	0.000000	0.000000	0	90.01
90.02	09002	OUTPATIENT CENTER	0	3,661,390	0.000000	0.000000	0	90.02
90.03	09003	PAIN CLINIC	0	6,528,155	0.000000	0.000000	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0	2,834,281	0.000000	0.000000	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0.000000	0.000000	0	90.07
91.00	09100	EMERGENCY	23,371	134,098,552	0.000174	0.000174	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	41,172,795	0.000000	0.000000	5,001	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	105,800	1,740,338,885			15,803,788	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 6:09 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	770	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	770	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:09 am
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.216244	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.165556	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.349862	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.044048	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.173419	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.223667	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.182640	0	0	0	0	56.00
57.00 05700 CT SCAN	0.041823	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.067054	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.136013	0	0	0	0	59.00
60.00 06000 LABORATORY	0.129131	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135115	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.247956	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.264785	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.430020	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.127991	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.199892	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.985472	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.509685	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.190739	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.315666	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.175219	0	0	0	0	75.00
76.00 03950 REHAB MEDICINE	0.749131	0	0	0	0	76.00
76.20 03951 DAY HOSPITAL	0.517428	0	0	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0.107292	0	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0.326524	0	0	0	0	76.97
76.99 07699 LI THOTRI PER	0.316846	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	2.175822	0	0	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0.572528	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0.173503	0	0	0	0	90.03
90.05 09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0.366164	0	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
91.00 09100 EMERGENCY	0.167921	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.356490	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0	0		95.00
200.00	Subtotal (see instructions)		0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:09 am
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	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 REHAB MEDICINE	0	0	76.00
76.20 03951 DAY HOSPITAL	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.99 07699 LI THOTRI PER	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	90.07
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:09 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.216244	0	1,138,135	0	0
51.00 05100 RECOVERY ROOM	0.165556	0	284,134	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.349862	0	175,935	0	0
53.00 05300 ANESTHESIOLOGY	0.044048	0	1,245,191	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.173419	0	2,625,526	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.223667	0	376,949	0	0
56.00 05600 RADIOISOTOPE	0.182640	0	282,593	0	0
57.00 05700 CT SCAN	0.041823	0	2,359,360	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.067054	0	1,628,348	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.136013	0	223,577	0	0
60.00 06000 LABORATORY	0.129131	0	2,614,335	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135115	0	129,939	0	0
65.00 06500 RESPIRATORY THERAPY	0.247956	0	196,778	0	0
66.00 06600 PHYSICAL THERAPY	0.264785	0	24,062	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.430020	0	2,662,557	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.127991	0	1,452,652	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.199892	0	367,818	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.985472	0	539,509	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.509685	0	379,836	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.190739	0	2,744,019	0	0
74.00 07400 RENAL DIALYSIS	0.315666	0	30,118	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.175219	0	2,120,061	0	0
76.00 03950 REHAB MEDICINE	0.749131	0	33,762	0	0
76.20 03951 DAY HOSPITAL	0.517428	0	113,411	0	0
76.45 03340 GASTROENTEROLOGY LAB	0.107292	0	524,552	0	0
76.97 07697 CARDIAC REHABILITATION	0.326524	0	18,662	0	0
76.99 07699 LI THOTRI PER	0.316846	0	121,234	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 DIABETES CARE CENTER	2.175822	0	10,722	0	0
90.02 09002 OUTPATIENT CENTER	0.572528	0	70,061	0	0
90.03 09003 PAIN CLINIC	0.173503	0	31,496	0	0
90.05 09004 WOUND CARE CENTER	0.000000	0	0	0	0
90.06 09005 ANTI-COAG LAB	0.366164	0	35,972	0	0
90.07 09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.167921	0	6,292,822	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.356490	0	1,737,496	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
200.00	Subtotal (see instructions)	0	32,591,622	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	32,591,622	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 6:09 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	246,115	0		50.00
51.00 05100 RECOVERY ROOM	47,040	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	61,553	0		52.00
53.00 05300 ANESTHESIOLOGY	54,848	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	455,316	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	84,311	0		55.00
56.00 05600 RADIOISOTOPE	51,613	0		56.00
57.00 05700 CT SCAN	98,676	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	109,187	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	30,409	0		59.00
60.00 06000 LABORATORY	337,592	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	17,557	0		62.00
65.00 06500 RESPIRATORY THERAPY	48,792	0		65.00
66.00 06600 PHYSICAL THERAPY	6,371	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	1,144,953	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	185,926	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	73,524	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	531,671	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	193,597	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	523,391	0		73.00
74.00 07400 RENAL DIALYSIS	9,507	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	371,475	0		75.00
76.00 03950 REHAB MEDICINE	25,292	0		76.00
76.20 03951 DAY HOSPITAL	58,682	0		76.20
76.45 03340 GASTROENTEROLOGY LAB	56,280	0		76.45
76.97 07697 CARDIAC REHABILITATION	6,094	0		76.97
76.99 07699 LI THOTRI PER	38,413	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CARE CENTER	23,329	0		90.01
90.02 09002 OUTPATIENT CENTER	40,112	0		90.02
90.03 09003 PAIN CLINIC	5,465	0		90.03
90.05 09004 WOUND CARE CENTER	0	0		90.05
90.06 09005 ANTI-COAG LAB	13,172	0		90.06
90.07 09006 HEART RISK ASSESSMENT	0	0		90.07
91.00 09100 EMERGENCY	1,056,697	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	619,400	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	6,626,360	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	6,626,360	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 6:09 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		115,103	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		115,103	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)		101,154	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)		36,897	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)		121,116,501	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)		121,116,501	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)		121,116,501	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)		1,052.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		38,824,499	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)		38,824,499	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 6:09 am	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	14,245,540	6,715	2,121.45	1,011	2,144,786	43.00
44.00 CORONARY CARE UNIT	16,154,252	8,259	1,955.96	3,767	7,368,101	44.00
44.01 NEONATAL CARE UNIT	19,144,130	14,193	1,348.84	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					64,784,607	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					113,121,993	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,409,003	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,761,969	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					8,170,972	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					104,951,021	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)					13,949	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,052.24	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					14,677,696	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 6:09 am	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	13,773,405	121,116,501	0.113720	14,677,696	1,669,148	90.00
91.00	Nursing School cost	0	121,116,501	0.000000	14,677,696	0	91.00
92.00	Allied health cost	464,600	121,116,501	0.003836	14,677,696	56,304	92.00
93.00	All other Medical Education	0	121,116,501	0.000000	14,677,696	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 6:09 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,175	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,175	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,175	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,014	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)		12,480,067	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)		12,480,067	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)		12,480,067	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)		1,226.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,696,792	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,696,792	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1	
					Component CCN: 14-S223		Date/Time Prepared: 5/24/2017 6:09 am	
					Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	0	44.00
44.01 NEONATAL CARE UNIT	0	0	0.00	0	0	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)								47.00
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						375,954	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						4,072,746	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)						419,248	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						16,109	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)						435,357	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,637,389	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: 14-0223 Component CCN: 14-S223		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 6:09 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,383,695	12,480,067	0.110872	0	0	90.00
91.00	Nursing School cost	0	12,480,067	0.000000	0	0	91.00
92.00	Allied health cost	31,637	12,480,067	0.002535	0	0	92.00
93.00	All other Medical Education	0	12,480,067	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 6:09 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,390	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,390	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		12,390	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)		7,261	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,884,627	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		11,884,627	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,884,627	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)		959.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,964,824	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)		6,964,824	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
					Component CCN: 14-T223		Date/Time Prepared: 5/24/2017 6:09 am
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
44.01 NEONATAL CARE UNIT	0	0	0.00	0	0	44.01	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						4,053,574	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						11,018,398	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)						835,741	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						108,483	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						944,224	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						10,074,174	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: 14-0223 Component CCN: 14-T223		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 6:09 am	
		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	1,387,531	11,884,627	0.116750	0	0	90.00
91.00	Nursing School cost	0	11,884,627	0.000000	0	0	91.00
92.00	Allied health cost	38,525	11,884,627	0.003242	0	0	92.00
93.00	All other Medical Education	0	11,884,627	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Title XVIII		Hospital	
				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		101,091,612	30.00
31.00	03100	INTENSIVE CARE UNIT		5,754,215	31.00
32.00	03200	CORONARY CARE UNIT		19,424,710	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		309	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.216244	26,355,638	50.00
51.00	05100	RECOVERY ROOM	0.165556	4,008,566	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.349862	57,034	52.00
53.00	05300	ANESTHESIOLOGY	0.048075	8,217,289	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173452	13,545,241	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.223667	854,217	55.00
56.00	05600	RADIOISOTOPE	0.182640	4,184,854	56.00
57.00	05700	CT SCAN	0.041823	20,747,639	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.067054	7,047,173	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136013	8,756,416	59.00
60.00	06000	LABORATORY	0.129131	35,675,079	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135115	3,187,389	62.00
65.00	06500	RESPIRATORY THERAPY	0.247956	9,608,001	65.00
66.00	06600	PHYSICAL THERAPY	0.264785	7,344,335	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.430020	58,657	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.129276	9,154,097	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199892	806,223	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.985472	12,835,683	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.509685	22,920,432	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190739	57,373,674	73.00
74.00	07400	RENAL DIALYSIS	0.315666	2,730,949	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.175219	393,702	75.00
76.00	03950	REHAB MEDICINE	0.752723	69,450	76.00
76.20	03951	DAY HOSPITAL	0.517428	406	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.107292	3,620,156	76.45
76.97	07697	CARDIAC REHABILITATION	0.326524	84,630	76.97
76.99	07699	LITHOTRIPER	0.316846	7,944	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	2.175822	1,040	90.01
90.02	09002	OUTPATIENT CENTER	0.577011	37,599	90.02
90.03	09003	PAIN CLINIC	0.173503	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.366164	6,597	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.168873	19,108,248	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.356490	4,225,195	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		283,023,553	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)		283,023,553	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 6:09 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		7,187,259	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.216244	2,085	50.00
51.00	05100	RECOVERY ROOM	0.165556	1,446	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.349862	0	52.00
53.00	05300	ANESTHESIOLOGY	0.048075	2,666	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173452	34,598	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.223667	0	55.00
56.00	05600	RADIOISOTOPE	0.182640	18,273	56.00
57.00	05700	CT SCAN	0.041823	86,294	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.067054	47,652	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136013	0	59.00
60.00	06000	LABORATORY	0.129131	522,054	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135115	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.247956	17,095	65.00
66.00	06600	PHYSICAL THERAPY	0.264785	97,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.430020	109,572	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.129276	47,956	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199892	5,244	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.985472	3,671	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.509685	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190739	702,302	73.00
74.00	07400	RENAL DIALYSIS	0.315666	10,085	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.175219	0	75.00
76.00	03950	REHAB MEDICINE	0.752723	8,124	76.00
76.20	03951	DAY HOSPITAL	0.517428	4,067	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.107292	1,047	76.45
76.97	07697	CARDIAC REHABILITATION	0.326524	0	76.97
76.99	07699	LITHOTRIPER	0.316846	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	2.175822	0	90.01
90.02	09002	OUTPATIENT CENTER	0.577011	0	90.02
90.03	09003	PAIN CLINIC	0.173503	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.366164	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.168873	338,791	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.356490	2,181	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,063,007	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)		2,063,007	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 6:09 am	
		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
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		16,083,115	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.216244	4,265	50.00
51.00	05100	RECOVERY ROOM	0.165556	5,162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.349862	0	52.00
53.00	05300	ANESTHESIOLOGY	0.048075	7,134	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173452	224,252	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.223667	22,728	55.00
56.00	05600	RADIOISOTOPE	0.182640	119,420	56.00
57.00	05700	CT SCAN	0.041823	244,522	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.067054	100,278	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136013	0	59.00
60.00	06000	LABORATORY	0.129131	956,392	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135115	37,882	62.00
65.00	06500	RESPIRATORY THERAPY	0.247956	385,656	65.00
66.00	06600	PHYSICAL THERAPY	0.264785	10,067,631	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.430020	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.129276	75,677	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199892	23,323	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.985472	270,676	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.509685	10,230	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190739	2,654,357	73.00
74.00	07400	RENAL DIALYSIS	0.315666	350,958	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.175219	0	75.00
76.00	03950	REHAB MEDICINE	0.752723	229,128	76.00
76.20	03951	DAY HOSPITAL	0.517428	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.107292	9,116	76.45
76.97	07697	CARDIAC REHABILITATION	0.326524	0	76.97
76.99	07699	LITHOTRIPER	0.316846	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	2.175822	0	90.01
90.02	09002	OUTPATIENT CENTER	0.577011	0	90.02
90.03	09003	PAIN CLINIC	0.173503	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.366164	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.168873	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.356490	5,001	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		15,803,788	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)		15,803,788	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 6:09 am	
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		16,723,470	30.00
31.00	03100	INTENSIVE CARE UNIT		6,145,144	31.00
32.00	03200	CORONARY CARE UNIT		2,897,666	32.00
32.01	03201	NEONATAL CARE UNIT		21,100,068	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,465,857	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.216244	2,377,639	50.00
51.00	05100	RECOVERY ROOM	0.165556	309,026	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.349862	2,025,531	52.00
53.00	05300	ANESTHESIOLOGY	0.044048	1,485,072	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173419	2,521,504	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.223667	29,605	55.00
56.00	05600	RADIOISOTOPE	0.182640	386,946	56.00
57.00	05700	CT SCAN	0.041823	2,343,969	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.067054	923,269	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136013	421,817	59.00
60.00	06000	LABORATORY	0.129131	6,862,549	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135115	872,754	62.00
65.00	06500	RESPIRATORY THERAPY	0.247956	8,895,838	65.00
66.00	06600	PHYSICAL THERAPY	0.264785	531,391	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.430020	467,214	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.127991	1,437,467	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199892	201,176	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.985472	2,482,344	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.509685	1,478,016	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190739	16,387,393	73.00
74.00	07400	RENAL DIALYSIS	0.315666	202,003	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.175219	400,922	75.00
76.00	03950	REHAB MEDICINE	0.749131	22,206	76.00
76.20	03951	DAY HOSPITAL	0.517428	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.107292	279,157	76.45
76.97	07697	CARDIAC REHABILITATION	0.326524	4,991	76.97
76.99	07699	LI THOTRI PER	0.316846	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	2.175822	0	90.01
90.02	09002	OUTPATIENT CENTER	0.572528	0	90.02
90.03	09003	PAIN CLINIC	0.173503	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.366164	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.167921	2,352,542	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.356490	528,780	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		56,231,121	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)		56,231,121	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Component CCN: 14-S223		Date/Time Prepared: 5/24/2017 6:09 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		1,923,952	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.216244	0	50.00
51.00	05100	RECOVERY ROOM	0.165556	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.349862	0	52.00
53.00	05300	ANESTHESIOLOGY	0.044048	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173419	7,141	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.223667	0	55.00
56.00	05600	RADIOISOTOPE	0.182640	0	56.00
57.00	05700	CT SCAN	0.041823	13,706	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.067054	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136013	0	59.00
60.00	06000	LABORATORY	0.129131	165,707	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135115	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.247956	1,168	65.00
66.00	06600	PHYSICAL THERAPY	0.264785	2,974	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.430020	4,452	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.127991	8,972	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199892	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.985472	541	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.509685	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190739	138,652	73.00
74.00	07400	RENAL DIALYSIS	0.315666	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.175219	0	75.00
76.00	03950	REHAB MEDICINE	0.749131	1,396	76.00
76.20	03951	DAY HOSPITAL	0.517428	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.107292	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.326524	0	76.97
76.99	07699	LITHOTRIPER	0.316846	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	2.175822	0	90.01
90.02	09002	OUTPATIENT CENTER	0.572528	0	90.02
90.03	09003	PAIN CLINIC	0.173503	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.366164	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.167921	138,172	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.356490	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		482,881	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)		482,881	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Component CCN: 14-T223		Date/Time Prepared: 5/24/2017 6:09 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		711,022	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.216244	0	50.00
51.00	05100	RECOVERY ROOM	0.165556	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.349862	0	52.00
53.00	05300	ANESTHESIOLOGY	0.044048	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173419	12,193	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.223667	0	55.00
56.00	05600	RADIOISOTOPE	0.182640	8,650	56.00
57.00	05700	CT SCAN	0.041823	15,621	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.067054	19,240	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136013	0	59.00
60.00	06000	LABORATORY	0.129131	54,665	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135115	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.247956	5,402	65.00
66.00	06600	PHYSICAL THERAPY	0.264785	469,844	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.430020	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.127991	2,162	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199892	1,861	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.985472	4,869	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.509685	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190739	144,226	73.00
74.00	07400	RENAL DIALYSIS	0.315666	28,238	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.175219	0	75.00
76.00	03950	REHAB MEDICINE	0.749131	13,714	76.00
76.20	03951	DAY HOSPITAL	0.517428	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.107292	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.326524	0	76.97
76.99	07699	LI THOTRI PER	0.316846	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	2.175822	0	90.01
90.02	09002	OUTPATIENT CENTER	0.572528	0	90.02
90.03	09003	PAIN CLINIC	0.173503	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.366164	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.167921	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.356490	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		780,685	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)		780,685	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 6:09 am
		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)		62,088,462	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		20,645,566	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		2,321,200	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		17,559,131	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		506.57	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)		188.61	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)		3.55	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).		17.51	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)		7.41	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)		209.98	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		209.98	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)		209.98	12.00
13.00	Total allowable FTE count for the prior year.		209.65	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.		205.37	14.00
15.00	Sum of lines 12 through 14 divided by 3.		208.33	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		208.33	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.411256	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.428254	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.411256	21.00
22.00	IME payment adjustment (see instructions)		16,721,788	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,548,964	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)		16,721,788	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,548,964	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.57	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.95	31.00
32.00	Sum of lines 30 and 31		24.52	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.44	33.00
34.00	Disproportionate share adjustment (see instructions)		1,952,523	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 6:09 am	
		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)		6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)		0.000898035	0.000886468	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		5,752,943	5,298,846	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		4,306,849	1,335,601	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,642,450		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)		109,371,989		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)			112,920,953	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			8,336,408	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).			6,570,772	52.00
53.00	Nursing and Allied Health Managed Care payment			52,830	53.00
54.00	Special add-on payments for new technologies			429	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).			168,960	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			25,755	58.00
59.00	Total (sum of amounts on lines 49 through 58)			128,076,107	59.00
60.00	Primary payer payments			118,498	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			127,957,609	61.00
62.00	Deductibles billed to program beneficiaries			7,898,240	62.00
63.00	Coinurance billed to program beneficiaries			334,621	63.00
64.00	Allowable bad debts (see instructions)			1,278,563	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			831,066	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			911,242	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			120,555,814	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)			58,480	70.93
70.94	HRR adjustment amount (see instructions)			-204,830	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 6:09 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			120,409,464	71.00
71.01	Sequestration adjustment (see instructions)			2,408,189	71.01
72.00	Interim payments			116,393,236	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			1,608,039	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			468,094	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0223

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2017 6:09 am

		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	62,088,462	0	61,231,195		61,231,195	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	20,645,566	0		82,734,028	82,734,028	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,321,200	0	3,255,724	2,321,200	5,576,924	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	17,559,131	0	11,542,034	17,559,131	29,101,165	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.411256	0.411256	0.411256	0.411256		5.00
6.00	IME payment adjustment (see instructions)	22.00	16,721,788	0	12,375,743	4,346,045	16,721,788	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,548,964	0	3,548,964	0	3,548,964	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	16,721,788	0	12,375,743	4,346,045	16,721,788	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,548,964	0	3,548,964	0	3,548,964	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0944	0.0944	0.0944	0.0944		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,952,523	0	1,445,056	507,467	1,952,523	11.00
11.01	Uncompensated care payments	36.00	5,642,450	0	5,989,693	1,683,852	7,673,545	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	109,371,989	0	84,297,411	25,074,578	109,371,989	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	112,920,953	0	87,846,375	25,074,578	112,920,953	15.00
16.00	Payment for inpatient program capital	50.00	8,336,408	0	6,015,488	2,320,920	8,336,408	16.00
17.00	Special add-on payments for new technologies	54.00	429	0	0	429	429	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: 14-0223

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2017 6:09 am

		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	93,861,863	27,395,927	121,257,790	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	6,651,265	0	4,895,416	1,755,849	6,651,265	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	163,333	0	0	163,333	163,333	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	0.1778	0.1778	0.1778	0.1778		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,182,595	0	870,405	312,190	1,182,595	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0510	0.0510	0.0510	0.0510		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	339,215	0	249,667	89,548	339,215	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,336,408	0	6,015,488	2,320,920	8,336,408	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: 14-0223

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2017 6:09 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	62,088,462	61,231,195		61,231,195	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	20,645,566		82,734,028	82,734,028	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00	2,321,200	3,255,724	2,321,200	5,576,924	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	17,559,131	11,542,034	17,559,131	29,101,165	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.411256	0.411256	0.411256		
6.00	IME payment adjustment (see instructions)	22.00	16,721,788	12,375,743	4,346,045	16,721,788	
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,548,964	2,332,818	1,216,146	3,548,964	
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		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	16,721,788	12,375,743	4,346,045	16,721,788	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,548,964	2,332,818	1,216,146	3,548,964	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0944	0.0944	0.0944		
11.00	Disproportionate share adjustment (see instructions)	34.00	1,952,523	1,445,056	507,467	1,952,523	
11.01	Uncompensated care payments	36.00	5,642,450	4,306,849	1,335,601	5,642,450	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	109,371,989	82,614,567	26,757,422	109,371,989	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	112,920,953	84,947,385	27,973,568	112,920,953	
16.00	Payment for inpatient program capital	50.00	8,336,408	6,015,488	2,320,920	8,336,408	
17.00	Special add-on payments for new technologies	54.00	429	0	429	429	
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			90,962,873	30,294,917	121,257,790	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2017 6:09 am
		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	6,651,265	4,895,416	1,755,849	6,651,265	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	163,333	0	163,333	163,333	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	0.1778	0.1778	0.1778		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,182,595	870,405	312,190	1,182,595	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0510	0.0510	0.0510		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	339,215	249,667	89,548	339,215	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,336,408	6,015,488	2,320,920	8,336,408	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	58,480	0	58,480	58,480	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	-204,830	-673,546	468,716	-204,830	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: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 6:09 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		95	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40,910,772	2.00
3.00	PPS payments		36,791,361	3.00
4.00	Outlier payment (see instructions)		115,530	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.821	5.00
6.00	Line 2 times line 5		33,587,744	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		18,565	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		95	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		542	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)		542	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)		542	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		447	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)		95	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)		36,925,456	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		7,157,270	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)		29,768,281	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,099,360	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		31,867,641	30.00
31.00	Primary payer payments		5,875	31.00
32.00	Subtotal (line 30 minus line 31)		31,861,766	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,090,324	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		708,711	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		760,800	36.00
37.00	Subtotal (see instructions)		32,570,477	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)		32,570,477	40.00
40.01	Sequestration adjustment (see instructions)		651,410	40.01
41.00	Interim payments		31,261,639	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		657,428	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 6:09 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		694	2.00
3.00	PPS payments		2,177	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		2,177	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)		436	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,741	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,741	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,741	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)		1,741	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,741	40.00
40.01	Sequestration adjustment (see instructions)		35	40.01
41.00	Interim payments		1,707	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 6:09 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			0 40.00
40.01	Sequestration adjustment (see instructions)			0 40.01
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0223		Period: From 01/01/2016 To 12/31/2016		Worksheet E-1 Part I Date/Time Prepared: 5/24/2017 6:09 am	
		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		116,393,236		31,261,639	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)		116,393,236		31,261,639	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		1,608,039		657,428	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		118,001,275		31,919,067	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: 14-0223
Component CCN: 14-S223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 6:09 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,824,911		1,707	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)		2,824,911		1,707	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		46,959		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		2,871,870		1,706	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: 14-0223
Component CCN: 14-T223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 6:09 am

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		10,285,857		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		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	12/22/2015	37,990		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)		-37,990		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)		10,247,867		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		55,035		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		10,302,902		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/24/2017 6:09 am
		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		26,235	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		41,675	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		9,424	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		130,321	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		2,247,028,645	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		36,900,000	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/24/2017 6:09 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,752,966 1.00
2.00	Net IPF PPS Outlier Payments			99,227 2.00
3.00	Net IPF PPS ECT Payments			48,920 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			3.45 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			3.32 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			3.32 8.00
9.00	Average Daily Census (see instructions)			27.800546 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.059819 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			164,680 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,065,793 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,065,793 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,065,793 18.00
19.00	Deductibles			147,980 19.00
20.00	Subtotal (line 18 minus line 19)			2,917,813 20.00
21.00	Coinsurance			35,742 21.00
22.00	Subtotal (line 20 minus line 21)			2,882,071 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			59,649 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			38,772 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			37,268 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,920,843 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			9,637 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	PSR			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,930,480 31.00
31.01	Sequestration adjustment (see instructions)			58,610 31.01
32.00	Interim payments			2,824,911 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			46,959 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			99,227 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/24/2017 6:09 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			9,805,209 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0266 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			240,228 3.00
4.00	Outlier Payments			525,266 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)			0.10 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)			0.10 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)			0.10 9.00
10.00	Average Daily Census (see instructions)			33.852459 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.003002 11.00
12.00	Teaching Adjustment (see instructions)			29,435 12.00
13.00	Total PPS Payment (see instructions)			10,600,138 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			10,600,138 17.00
18.00	Primary payer payments			6,052 18.00
19.00	Subtotal (line 17 less line 18).			10,594,086 19.00
20.00	Deductibles			34,776 20.00
21.00	Subtotal (line 19 minus line 20)			10,559,310 21.00
22.00	Coinsurance			97,041 22.00
23.00	Subtotal (line 21 minus line 22)			10,462,269 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			42,375 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			27,544 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			37,478 26.00
27.00	Subtotal (sum of lines 23 and 25)			10,489,813 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)			23,352 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	PSR AMOUNT			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			10,513,165 32.00
32.01	Sequestration adjustment (see instructions)			210,263 32.01
33.00	Interim payments			10,247,867 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)			55,035 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			525,266 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 6:09 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			194.81	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			3.05	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			20.91	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			7.87	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			220.54	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			220.55	6.00
7.00	Enter the lesser of line 5 or line 6			220.54	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	143.18	61.01	204.19	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	143.17	61.01	204.18	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	143.17	61.01		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	143.38	62.15		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	139.46	63.22		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	142.00	62.13		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	142.00	62.13		17.00
18.00	Per resident amount	108,449.32	104,069.13		18.00
19.00	Approved amount for resident costs	15,399,803	6,465,815	21,865,618	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.01	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			21,865,618	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	51,950	10,621		26.00
27.00	Total Inpatient Days (see instructions)	154,016	154,016		27.00
28.00	Ratio of inpatient days to total inpatient days	0.337303	0.068960		28.00
29.00	Program direct GME amount	7,375,339	1,507,853		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		213,060		30.00
31.00	Net Program direct GME amount			8,670,132	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 6:09 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,955,124	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		128,213,137	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		124,550	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		128,088,587	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		40,930,126	42.00
43.00	Primary payer payments (see instructions)		5,875	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		40,924,251	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		169,012,838	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.757863	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.242137	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		8,670,132	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		6,570,772	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,099,360	50.00

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

Provider CCN: 14-0223

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

Worksheet G
Date/Time Prepared:
5/24/2017 6:09 am

		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	72,316,000	0	0	0	1.00
2.00	Temporary investments	71,537,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	544,684,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	224,106,000	0	0	0	9.00
10.00	Due from other funds	25,422,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	938,065,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	148,150,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,838,618,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,441,911,000	0	0	0	23.00
24.00	Accumulated depreciation	-2,348,043,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	2,080,636,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,363,740,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	379,088,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,742,828,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	7,761,529,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	325,076,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	370,195,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	57,524,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	421,041,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,173,836,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,517,328,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	897,259,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,414,587,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,588,423,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	4,173,106,000	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)	4,173,106,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	7,761,529,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0223

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

Worksheet G-1

Date/Time Prepared:
5/24/2017 6:09 am

		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		4,054,715,346		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		118,390,654			2.00
3.00	Total (sum of line 1 and line 2)		4,173,106,000		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)		4,173,106,000		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		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		4,173,106,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0223

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2017 6:09 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	297,067,621		297,067,621	1.00
2.00	SUBPROVIDER - IPF	24,247,025		24,247,025	2.00
3.00	SUBPROVIDER - IRF	27,444,454		27,444,454	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	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)	348,759,100		348,759,100	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	38,145,344		38,145,344	11.00
12.00	CORONARY CARE UNIT	44,681,124		44,681,124	12.00
12.01	NEONATAL CARE UNIT	75,104,192		75,104,192	12.01
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	157,930,660		157,930,660	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	506,689,760		506,689,760	17.00
18.00	Ancillary services	797,435,840	748,983,863	1,546,419,703	18.00
19.00	Outpatient services	47,060,245	107,722,706	154,782,951	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	10,467,185	30,705,610	41,172,795	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,361,653,030	887,412,179	2,249,065,209	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		673,671,895		29.00
30.00		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	ROUNDING	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)		673,671,895		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0223

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

Worksheet G-3

Date/Time Prepared:
5/24/2017 6:09 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,249,065,209	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,463,814,597	2.00
3.00	Net patient revenues (line 1 minus line 2)	785,250,612	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	673,671,895	4.00
5.00	Net income from service to patients (line 3 minus line 4)	111,578,717	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	11,935	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	44,127	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,001,468	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	14,321	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	648,569	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	1,172,087	22.00
23.00	Governmental appropriations	0	23.00
24.00	PROGRAM FEES	32,635	24.00
24.01	GRANT RECOVERIES	529,321	24.01
24.02	RESTRICTED FUND INCOME	1,143,664	24.02
24.03	MISC INCOME	440,286	24.03
24.04	INTER-CO REVENUES	319,446	24.04
24.05	ROUNDING	-1	24.05
24.06	MEDICARE EHR INCENTIVE FUNDS	0	24.06
24.07		0	24.07
25.00	Total other income (sum of lines 6-24)	6,357,858	25.00
26.00	Total (line 5 plus line 25)	117,936,575	26.00
27.00	NON OPERATING INCOME	-454,079	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-454,079	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	118,390,654	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 14-0223

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

Worksheet 1-5

Date/Time Prepared:
5/24/2017 6:09 am

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

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0223	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/24/2017 6:09 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,651,265	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		163,333	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)		359.16	3.00
4.00	Number of interns & residents (see instructions)		208.33	4.00
5.00	Indirect medical education percentage (see instructions)		17.78	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		1,182,595	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.57	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.95	8.00
9.00	Sum of lines 7 and 8		24.52	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.10	10.00
11.00	Disproportionate share adjustment (see instructions)		339,215	11.00
12.00	Total prospective capital payments (see instructions)		8,336,408	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