

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/22/2016 5:45 am
--	----------------------	---	---

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/22/2016 Time: 5:45 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 EDWARD HOSPITAL ( 140231 ) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-156,943	-10,720	-106,498	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	-156,943	-10,720	-106,498	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: 140231		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 5:44 am						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 801 SOUTH WASHINGTON STREET		PO Box:						1.00			
2.00	City: NAPERVILLE		State: IL		Zip Code: 60540-7499		County:		2.00			
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		EDWARD HOSPITAL	140231	16974	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF										4.00	
5.00	Subprovider - IRF										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)					07/01/2015	06/30/2016		20.00			
21.00	Type of Control (see instructions)					2			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.					N	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2		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.					2,458	0	51	0	4,207	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.					0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 5:44 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		Y		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
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	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140231		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 5:44 am				
	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				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings										
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						N	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))					
			1.00	2.00	3.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
		1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 5:44 am		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00	2.00	3.00
<b>Long Term Care Hospital PPS</b>						
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
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 5:44 am		
		V		XIX		
		1.00		2.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0		0		8,151,485
				1.00		2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 5:44 am			
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H131		140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: EDWARD ELMHURST HEALTH	Contractor's Name: NGS		Contractor's Number: 00131		141.00	
142.00	Street: 801 S. WASHINGTON	PO Box:				142.00	
143.00	City: NAPERVILLE	State: IL	Zip Code: 60540			143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00	
		1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y			167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.50	169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 5:44 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/03/2015	10/31/2015	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/22/2016 5:44 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	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/07/2016	Y	11/07/2016
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/22/2016 5:44 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		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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	
<b>Home Office Costs</b>					
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	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY		LEONE	41.00
42.00	Enter the employer/company name of the cost report preparer.	LEONE REIMBURSEMENT & CONSULTING			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023		TONY@LEONE-CONSULTING.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/22/2016 5:44 am
---	--	----------------------	---	---

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140231

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 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	229	83,814	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)		229	83,814	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	25	9,150	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	22	8,052	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NICU	35.00	22	8,052	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		298	109,068	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		298				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140231

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	26,683	1,375	68,868			1.00
2.00 HMO and other (see instructions)	7,024	4,258				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	26,683	1,375	68,868			7.00
8.00 INTENSIVE CARE UNIT	2,581	136	5,836			8.00
9.00 CORONARY CARE UNIT	2,577	128	5,678			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NICU	0	548	8,052			12.00
13.00 NURSERY		271	6,515			13.00
14.00 Total (see instructions)	31,841	2,458	94,949	0.00	2,514.09	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	2,514.09	27.00
28.00 Observation Bed Days		0	9,046			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140231

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,810	594	22,139	1.00
2.00 HMO and other (see instructions)			1,547	1,249		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NICU						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,810	594	22,139	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140231		Period: From 07/01/2015 To 06/30/2016		Worksheet S-3 Part II Date/Time Prepared: 11/22/2016 5:44 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	187,335,522	0	187,335,522	4,998,516.00	37.48	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		69,680	0	69,680	572.00	121.82	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		13,341,091	0	13,341,091	72,017.00	185.25	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		5,356,841	0	5,356,841	173,166.00	30.93	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,479,191	100,880	3,580,071	81,417.00	43.97	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		2,784,268	0	2,784,268	22,903.00	121.57	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		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		41,081,514	0	41,081,514	963,515.00	42.64	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		39,556,176	0	39,556,176			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		702,764	0	702,764			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		7,929	0	7,929			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		697,531	0	697,531			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	668,150	0	668,150	8,502.00	78.59	26.00
27.00	Administrative & General	5.00	13,279,374	-547,777	12,731,597	285,633.00	44.57	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	4,721,103	0	4,721,103	160,968.00	29.33	30.00
31.00	Laundry & Linen Service	8.00	178,803	0	178,803	11,166.00	16.01	31.00
32.00	Housekeeping	9.00	3,157,224	16	3,157,240	212,180.00	14.88	32.00
33.00	Housekeeping under contract (see instructions)		1,206,509	0	1,206,509	33,344.00	36.18	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,535,478	0	3,535,478	172,640.00	20.48	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,666,202	0	3,666,202	158,751.00	23.09	38.00
39.00	Central Services and Supply	14.00	1,634,177	0	1,634,177	89,870.00	18.18	39.00
40.00	Pharmacy	15.00	4,395,056	0	4,395,056	109,087.00	40.29	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140231

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/22/2016 5:44 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 372,693	0	372,693	10,312.00	36.14	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140231

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/22/2016 5:44 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	173,379,577	0	173,379,577	4,959,317.00	34.96	1.00
2.00	Excluded area salaries (see instructions)	3,479,191	100,880	3,580,071	81,417.00	43.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	169,900,386	-100,880	169,799,506	4,877,900.00	34.81	3.00
4.00	Subtotal other wages & related costs (see inst.)	43,865,782	0	43,865,782	986,418.00	44.47	4.00
5.00	Subtotal wage-related costs (see inst.)	39,564,105	0	39,564,105	0.00	23.30	5.00
6.00	Total (sum of lines 3 thru 5)	253,330,273	-100,880	253,229,393	5,864,318.00	43.18	6.00
7.00	Total overhead cost (see instructions)	36,814,769	-547,761	36,267,008	1,252,453.00	28.96	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/22/2016 5:44 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		5,632,864	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)		920,701	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		16,023,379	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		829,448	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		146,779	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)		1,485,806	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,486,937	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		12,588,090	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		201,239	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		649,158	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>		<b>40,964,401</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	<b>OTHER WAGE RELATED COST</b>		<b>0</b>	<b>25.00</b>

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140231

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
11/22/2016 5:44 am

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140231

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

Worksheet S-5

Date/Time Prepared:  
11/22/2016 5:44 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140231

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

Worksheet S-7

Date/Time Prepared:  
11/22/2016 5:44 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140231

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

Worksheet S-7

Date/Time Prepared:  
11/22/2016 5:44 am

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10 Date/Time Prepared: 11/22/2016 5:44 am
---	--	----------------------	---	---

				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.187507	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			12,611,923	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			219,227,276	6.00
7.00	Medicaid cost (line 1 times line 6)			41,106,649	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)			28,494,726	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			28,494,726	19.00
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	48,290,851	0	48,290,851	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	9,054,873	0	9,054,873	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,054,873	0	9,054,873	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			12,796,288	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,017,781	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			11,778,507	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,208,553	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			11,263,426	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			39,758,152	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet A Date/Time Prepared: 11/22/2016 5:44 am
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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT		30,630,632	30,630,632	5,875,546	36,506,178	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	668,150	40,964,496	41,632,646	0	41,632,646	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	13,279,374	109,500,194	122,779,568	1,174,401	123,953,969	5.00
7.00 00700 OPERATION OF PLANT	4,721,103	19,352,644	24,073,747	0	24,073,747	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	178,803	151,108	329,911	0	329,911	8.00
9.00 00900 HOUSEKEEPING	3,157,224	2,038,753	5,195,977	17	5,195,994	9.00
10.00 01000 DIETARY	0	6,033,223	6,033,223	-4,251,009	1,782,214	10.00
11.00 01100 CAFETERIA	0	0	0	4,251,009	4,251,009	11.00
13.00 01300 NURSING ADMINISTRATION	3,666,202	1,079,342	4,745,544	0	4,745,544	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,634,177	3,200,811	4,834,988	-1,005,809	3,829,179	14.00
15.00 01500 PHARMACY	4,395,056	15,092,385	19,487,441	-14,571,243	4,916,198	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	372,693	2,196	374,889	0	374,889	16.00
23.00 02300 PARAMEDICAL PRGM-EMS	658,538	805,222	1,463,760	-548,459	915,301	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	37,776,697	8,121,507	45,898,204	-5,382,136	40,516,068	30.00
31.00 03100 INTENSIVE CARE UNIT	4,850,892	908,930	5,759,822	-508,274	5,251,548	31.00
32.00 03200 CORONARY CARE UNIT	5,189,645	780,226	5,969,871	-579,018	5,390,853	32.00
35.00 02060 NICU	5,378,283	2,194,446	7,572,729	-412,995	7,159,734	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00 04300 NURSERY	0	0	0	2,510,207	2,510,207	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	7,487,928	51,780,056	59,267,984	-49,015,802	10,252,182	50.00
50.02 03330 ENDOSCOPY	1,627,637	1,668,741	3,296,378	-1,542,276	1,754,102	50.02
51.00 05100 RECOVERY ROOM	1,479,267	141,233	1,620,500	-54,987	1,565,513	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,300,754	1,684,134	7,984,888	-698,824	7,286,064	52.00
53.00 05300 ANESTHESIOLOGY	480,917	2,188,360	2,669,277	0	2,669,277	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,621,054	380,008	4,001,062	-799,234	3,201,828	54.00
54.01 03630 ULTRASOUND	1,352,010	192,957	1,544,967	-32,894	1,512,073	54.01
54.02 03440 WOMENS IMAGING CENTER	940,894	490,795	1,431,689	-381,953	1,049,736	54.02
54.03 05401 SPECIAL PROCEDURES	934,091	772,929	1,707,020	-736,495	970,525	54.03
54.04 05402 IMAGING CENTER	1,146,219	326,828	1,473,047	76,821	1,549,868	54.04
55.00 05500 RADIOLOGY-THERAPEUTIC	5,368,530	21,399,381	26,767,911	2,240	26,770,151	55.00
56.00 05600 RADIOISOTOPE	628,266	1,036,775	1,665,041	112,491	1,777,532	56.00
57.00 05700 CT SCAN	1,759,567	820,630	2,580,197	-42,181	2,538,016	57.00
58.00 05800 MRI	858,959	965,539	1,824,498	-39,793	1,784,705	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,455,238	19,389,661	22,844,899	-18,896,694	3,948,205	59.00
60.00 06000 LABORATORY	5,040,398	8,893,962	13,934,360	172	13,934,532	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	395,336	1,889,583	2,284,919	0	2,284,919	62.00
65.00 06500 RESPIRATORY THERAPY	3,223,788	1,466,381	4,690,169	-1,244,326	3,445,843	65.00
66.00 06600 PHYSICAL THERAPY	4,971,497	526,554	5,498,051	0	5,498,051	66.00
68.00 06800 SPEECH PATHOLOGY	762,636	11,815	774,451	0	774,451	68.00
69.00 06900 ELECTROCARDIOLOGY	3,251,898	3,480,325	6,732,223	-618,302	6,113,921	69.00
69.01 03140 CARDIOLOGY OUTREACH	369,750	100,289	470,039	0	470,039	69.01
69.02 03290 EMG/NCV	35,396	88,958	124,354	-7,011	117,343	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	1,346,798	7,190,958	8,537,756	-1,110,089	7,427,667	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	33,225,911	33,225,911	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	46,653,901	46,653,901	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	14,571,243	14,571,243	73.00
75.00 07500 ASC (NON-DISTINCT PART)	3,610,016	739,746	4,349,762	-629,243	3,720,519	75.00
76.97 07697 CARDIAC REHABILITATION	989,337	40,659	1,029,996	-24,260	1,005,736	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	1,891,000	480,559	2,371,559	0	2,371,559	90.00
90.01 09001 WOUND OSTOMY	1,493,502	585,899	2,079,401	86	2,079,487	90.01
90.02 09002 URODYNAMICS	10,086,217	12,382,574	22,468,791	0	22,468,791	90.02
90.03 09003 PLAINFIELD CLINIC	2,306,447	152,710	2,459,157	0	2,459,157	90.03
90.04 09004 OSWEGO CLINIC	2,659,152	207,647	2,866,799	0	2,866,799	90.04
90.05 09005 BOLINGBROOK CLINIC	509,358	148,950	658,308	0	658,308	90.05
91.00 09100 EMERGENCY	18,204,175	1,976,849	20,181,024	554,808	20,735,832	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE		5,875,546	5,875,546	-5,875,546	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	184,514,869	390,334,106	574,848,975	574,848,975	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	73,509	392,587	466,096	0	466,096	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,737,263	2,981,037	5,718,300	0	5,718,300	192.00
192.02 19202 RESEARCH	9,881	497	10,378	0	10,378	192.02
194.00 07950 LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140231		Period: From 07/01/2015 To 06/30/2016		Worksheet A Date/Time Prepared: 11/22/2016 5:44 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	
200.00	TOTAL (SUM OF LINES 118-199)	187,335,522	393,708,227	581,043,749	0	581,043,749	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140231

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

Worksheet A  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-6,787,011	29,719,167	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-16,008	-16,008	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-180	41,632,466	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-26,967,393	96,986,576	5.00
7.00	00700	OPERATION OF PLANT	10,791,574	34,865,321	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	329,911	8.00
9.00	00900	HOUSEKEEPING	0	5,195,994	9.00
10.00	01000	DIETARY	0	1,782,214	10.00
11.00	01100	CAFETERIA	-1,911,284	2,339,725	11.00
13.00	01300	NURSING ADMINISTRATION	-268,620	4,476,924	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,829,179	14.00
15.00	01500	PHARMACY	191,021	5,107,219	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,227,781	4,602,670	16.00
23.00	02300	PARAMED ED PRGM-EMS	-155,417	759,884	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-617,897	39,898,171	30.00
31.00	03100	INTENSIVE CARE UNIT	-41,599	5,209,949	31.00
32.00	03200	CORONARY CARE UNIT	-4,100	5,386,753	32.00
35.00	02060	NICU	-576,108	6,583,626	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
43.00	04300	NURSERY	0	2,510,207	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-108,071	10,144,111	50.00
50.02	03330	ENDOSCOPY	0	1,754,102	50.02
51.00	05100	RECOVERY ROOM	0	1,565,513	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-598,266	6,687,798	52.00
53.00	05300	ANESTHESIOLOGY	-10,881	2,658,396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-50,548	3,151,280	54.00
54.01	03630	ULTRASOUND	-5,175	1,506,898	54.01
54.02	03440	WOMENS IMAGING CENTER	-1,282	1,048,454	54.02
54.03	05401	SPECIAL PROCEDURES	0	970,525	54.03
54.04	05402	IMAGING CENTER	-19,819	1,530,049	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	-383,686	26,386,465	55.00
56.00	05600	RADIOISOTOPE	-1,515	1,776,017	56.00
57.00	05700	CT SCAN	-37,441	2,500,575	57.00
58.00	05800	MRI	-1,109	1,783,596	58.00
59.00	05900	CARDIAC CATHETERIZATION	-29,274	3,918,931	59.00
60.00	06000	LABORATORY	-3,924,837	10,009,695	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-62,228	2,222,691	62.00
65.00	06500	RESPIRATORY THERAPY	-137,420	3,308,423	65.00
66.00	06600	PHYSICAL THERAPY	-13,128	5,484,923	66.00
68.00	06800	SPEECH PATHOLOGY	0	774,451	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,396,697	2,717,224	69.00
69.01	03140	CARDIOLOGY OUTREACH	-7,402	462,637	69.01
69.02	03290	EMG/NCV	-86,063	31,280	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-201,095	7,226,572	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	33,225,911	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	46,653,901	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,571,243	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,720,519	75.00
76.97	07697	CARDIAC REHABILITATION	0	1,005,736	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-517,877	1,853,682	90.00
90.01	09001	WOUND OSTOMY	-11,458	2,068,029	90.01
90.02	09002	URODYNAMICS	-136,099	22,332,692	90.02
90.03	09003	PLAINFIELD CLINIC	-1,216,437	1,242,720	90.03
90.04	09004	OSWEGO CLINIC	-1,611,678	1,255,121	90.04
90.05	09005	BOLINGBROOK CLINIC	-148,604	509,704	90.05
91.00	09100	EMERGENCY	-10,871,258	9,864,574	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-45,724,589	529,124,386	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	466,096	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-16,887	5,701,413	192.00
192.02	19202	RESEARCH	0	10,378	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-45,741,476	535,302,273	200.00

RECLASSIFICATIONS

Provider CCN: 140231

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

Worksheet A-6  
Date/Time Prepared:  
11/22/2016 5:44 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>B - CAFETERIA</b>						
1.00	CAFETERIA	11.00	0	4,251,009	1.00	
	TOTALS		0	4,251,009		
<b>D - CHARGEABLE DRUGS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,571,243	1.00	
	TOTALS		0	14,571,243		
<b>E - PATIENT TRANSPORT</b>						
1.00	NICU	35.00	66	3	1.00	
2.00	NURSERY	43.00	461	20	2.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	2,315	96	3.00	
4.00	HOUSEKEEPING	9.00	16	1	4.00	
5.00	ASC (NON-DISTINCT PART)	75.00	12,622	525	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	35,023	1,456	6.00	
7.00	ULTRASOUND	54.01	32,823	1,365	7.00	
8.00	CT SCAN	57.00	36,844	1,532	8.00	
9.00	MRI	58.00	16,420	683	9.00	
10.00	ENDOSCOPY	50.02	10,315	429	10.00	
11.00	OPERATING ROOM	50.00	33,911	1,410	11.00	
12.00	RECOVERY ROOM	51.00	46,030	1,914	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	2,150	90	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	5,742	239	14.00	
15.00	EMERGENCY	91.00	95,248	3,961	15.00	
16.00	LABORATORY	60.00	165	7	16.00	
17.00	ADULTS & PEDIATRICS	30.00	150,440	6,255	17.00	
18.00	INTENSIVE CARE UNIT	31.00	13,503	562	18.00	
19.00	CORONARY CARE UNIT	32.00	24,535	1,020	19.00	
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	23,324	970	20.00	
21.00	ELECTROCARDIOLOGY	69.00	74	3	21.00	
22.00	WOUND OSTOMY	90.01	82	4	22.00	
23.00	RADIOISOTOPE	56.00	5,668	236	23.00	
	TOTALS		547,777	22,781		
<b>F - RADIOLOGY DIRECTOR</b>						
1.00	ULTRASOUND	54.01	77,090	6,533	1.00	
2.00	WOMENS IMAGING CENTER	54.02	38,789	3,287	2.00	
3.00	SPECIAL PROCEDURES	54.03	17,825	1,511	3.00	
4.00	CT SCAN	57.00	266,585	22,591	4.00	
5.00	MRI	58.00	93,278	7,905	5.00	
6.00	IMAGING CENTER	54.04	100,947	8,555	6.00	
7.00	RADIOISOTOPE	56.00	112,077	9,498	7.00	
	TOTALS		706,591	59,880		
<b>G - NURSERY</b>						
1.00	NURSERY	43.00	2,212,747	296,979	1.00	
	TOTALS		2,212,747	296,979		
<b>H - MEDICAL SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33,201,617	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	
	TOTALS		0	33,201,617		

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>I - EMT</b>						
1.00	PARAMED ED PRGM-EMS	23.00	130,881	0	1.00	
2.00	EMERGENCY	91.00	0	11,204	2.00	
	TOTALS		130,881	11,204		
<b>J - IMPLANTS</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	48,398,860	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,744,959	2.00	
3.00	RADIOISOTOPE	56.00	0	13,800	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	
	TOTALS		0	50,157,619		
<b>K - ON CALL ER PHYSICIANS</b>						
1.00	EMERGENCY	91.00	30,001	545,275	1.00	
	TOTALS		30,001	545,275		
<b>L - INTEREST RECLASS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,875,546	1.00	
	TOTALS		0	5,875,546		
500.00	Grand Total: Increases		3,627,997	108,993,153	500.00	

RECLASSIFICATIONS

Provider CCN: 140231

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

Worksheet A-6

Date/Time Prepared:  
11/22/2016 5:44 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>B - CAFETERIA</b>						
1.00	DIETARY	10.00	0	4,251,009	0	1.00
	TOTALS		0	4,251,009		
<b>D - CHARGEABLE DRUGS</b>						
1.00	PHARMACY	15.00	0	14,571,243	0	1.00
	TOTALS		0	14,571,243		
<b>E - PATIENT TRANSPORT</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	547,777	22,781	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
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
	TOTALS		547,777	22,781		
<b>F - RADIOLOGY DIRECTOR</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	706,591	59,880	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
	TOTALS		706,591	59,880		
<b>G - NURSERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	2,212,747	296,979	0	1.00
	TOTALS		2,212,747	296,979		
<b>H - MEDICAL SUPPLIES</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	998,950	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,995,259	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	516,369	0	3.00
4.00	CORONARY CARE UNIT	32.00	0	588,546	0	4.00
5.00	NICU	35.00	0	411,783	0	5.00
6.00	OPERATING ROOM	50.00	0	11,055,819	0	6.00
7.00	ENDOSCOPY	50.02	0	1,437,806	0	7.00
8.00	RECOVERY ROOM	51.00	0	102,422	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	692,001	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	65,895	0	10.00
11.00	ULTRASOUND	54.01	0	150,402	0	11.00
12.00	WOMENS IMAGING CENTER	54.02	0	419,757	0	12.00
13.00	RADIOISOTOPE	56.00	0	28,788	0	13.00
14.00	CT-SCAN	57.00	0	369,237	0	14.00
15.00	MRI	58.00	0	157,970	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	9,167,388	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	1,244,326	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	601,389	0	18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	741,996	0	19.00
20.00	CARDIAC REHABILITATION	76.97	0	24,260	0	20.00
21.00	PARAMED ED PRGM-EMS	23.00	0	92,670	0	21.00
22.00	ASC (NON-DISTINCT PART)	75.00	0	639,943	0	22.00
23.00	SPECIAL PROCEDURES	54.03	0	658,970	0	23.00
24.00	IMAGING CENTER	54.04	0	32,681	0	24.00
25.00	EMG/NCV	69.02	0	6,990	0	25.00
	TOTALS		0	33,201,617		
<b>I - EMT</b>						
1.00	EMERGENCY	91.00	130,881	0	0	1.00
2.00	PARAMED ED PRGM-EMS	23.00	0	11,204	0	2.00
	TOTALS		130,881	11,204		

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>J - IMPLANTS</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,859	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	33,846	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	5,970	0	3.00
4.00	CORONARY CARE UNIT	32.00	0	16,027	0	4.00
5.00	NICU	35.00	0	1,281	0	5.00
6.00	OPERATING ROOM	50.00	0	37,995,304	0	6.00
7.00	ENDOSCOPY	50.02	0	115,214	0	7.00
8.00	RECOVERY ROOM	51.00	0	509	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9,234	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,347	0	10.00
11.00	ULTRASOUND	54.01	0	303	0	11.00
12.00	WOMENS IMAGING CENTER	54.02	0	4,272	0	12.00
13.00	CT SCAN	57.00	0	496	0	13.00
14.00	MRI	58.00	0	109	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	9,735,287	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	16,990	0	16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	368,093	0	17.00
18.00	PARAMED ED PRGM-EMS	23.00	0	190	0	18.00
19.00	ASC (NON-DISTINCT PART)	75.00	0	2,447	0	19.00
20.00	SPECIAL PROCEDURES	54.03	0	96,861	0	20.00
21.00	EMG/NCV	69.02	0	21	0	21.00
22.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,744,959	0	22.00
	<b>TOTALS</b>		0	50,157,619		
<b>K - ON CALL ER PHYSICIANS</b>						
1.00	PARAMED ED PRGM-EMS	23.00	30,001	545,275	0	1.00
	<b>TOTALS</b>		30,001	545,275		
<b>L - INTEREST RECLASS</b>						
1.00	INTEREST EXPENSE	113.00	0	5,875,546	11	1.00
	<b>TOTALS</b>		0	5,875,546		
500.00	<b>Grand Total: Decreases</b>		3,627,997	108,993,153		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140231

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	10,325,000	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	463,429,000	19,624,492	0	19,624,492	37,641,128	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	293,738,000	15,301,571	0	15,301,571	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	767,492,000	34,926,063	0	34,926,063	37,641,128	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	767,492,000	34,926,063	0	34,926,063	37,641,128	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	10,325,000	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	445,412,364	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	309,039,571	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	764,776,935	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	764,776,935	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140231

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/22/2016 5:44 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	CAP REL COSTS-BLDG & FIXT	30,630,632	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	30,630,632	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	30,630,632				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	30,630,632				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140231

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/22/2016 5:44 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	CAP REL COSTS-BLDG & FIXT	493,379,359	0	493,379,359	0.645128	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	271,397,576	0	271,397,576	0.354872	0	2.00
3.00	Total (sum of lines 1-2)	764,776,935	0	764,776,935	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	29,719,167	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	-16,008	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	29,703,159	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	29,719,167	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	-16,008	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	29,703,159	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140231

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

Worksheet A-8

Date/Time Prepared:  
11/22/2016 5:44 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 #			
			3.00	4.00			
1.00	2.00	3.00	4.00	5.00			
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-109,239		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-20,206,718				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	-7,824,530				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,911,284		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			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		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 TELEVISION	A	-11,300		CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00
33.01 PAT TELEPHONE CAPITAL	A	-4,708		CAP REL COSTS-MVBLE EQUIP	2.00	9	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 140231

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

Worksheet A-8

Date/Time Prepared:  
11/22/2016 5:44 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	
33.02	MI SC REVENUE	B	-911,465	CAP REL COSTS-BLDG & FIXT	1.00	9 33.02
33.03	MI SC REVENUE	B	-180	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.03
33.04	MI SC REVENUE	B	-205,007	ADMINISTRATIVE & GENERAL	5.00	0 33.04
33.05	MI SC REVENUE	B	-650,299	OPERATION OF PLANT	7.00	0 33.05
33.06			0		0.00	0 33.06
33.07	MI SC REVENUE	B	-268,620	NURSING ADMINISTRATION	13.00	0 33.07
33.08	MI SC REVENUE	B	25,982	PHARMACY	15.00	0 33.08
33.09	MI SC REVENUE	B	-155,417	PARAMED ED PRGM-EMS	23.00	0 33.09
33.10	MI SC REVENUE	B	-217,239	ADULTS & PEDIATRICS	30.00	0 33.10
33.11	MI SC REVENUE	B	-41,599	INTENSIVE CARE UNIT	31.00	0 33.11
33.12	MI SC REVENUE	B	-4,100	CORONARY CARE UNIT	32.00	0 33.12
33.13	MI SC REVENUE	B	-74,493	OPERATING ROOM	50.00	0 33.13
33.14	MI SC REVENUE	B	-1,327	DELIVERY ROOM & LABOR ROOM	52.00	0 33.14
33.15	MI SC REVENUE	B	-10,881	ANESTHESIOLOGY	53.00	0 33.15
33.16	MI SC REVENUE	B	-50,548	RADIOLOGY-DIAGNOSTIC	54.00	0 33.16
33.17	MI SC REVENUE	B	-5,175	ULTRASOUND	54.01	0 33.17
33.18	MI SC REVENUE	B	-1,282	WOMENS IMAGING CENTER	54.02	0 33.18
33.19			0		0.00	0 33.19
33.20	MI SC REVENUE	B	-19,819	IMAGING CENTER	54.04	0 33.20
33.21	MI SC REVENUE	B	-383,686	RADIOLOGY-THERAPEUTIC	55.00	0 33.21
33.22	MI SC REVENUE	B	-1,515	RADIOISOTOPE	56.00	0 33.22
33.23	MI SC REVENUE	B	-36,352	CT SCAN	57.00	0 33.23
33.24	MI SC REVENUE	B	-1,109	MRI	58.00	0 33.24
33.25	MI SC REVENUE	B	-29,274	CARDIAC CATHETERIZATION	59.00	0 33.25
33.26	MI SC REVENUE	B	-3,301,451	LABORATORY	60.00	0 33.26
33.27	MI SC REVENUE	B	-62,228	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0 33.27
33.28	MI SC REVENUE	B	-77,596	RESPIRATORY THERAPY	65.00	0 33.28
33.29	MI SC REVENUE	B	-13,128	PHYSICAL THERAPY	66.00	0 33.29
33.30	MI SC REVENUE	B	-684,213	ELECTROCARDIOLOGY	69.00	0 33.30
33.31	MI SC REVENUE	B	-7,402	CARDIOLOGY OUTREACH	69.01	0 33.31
33.32	MI SC REVENUE	B	-3,195	EMG/NCV	69.02	0 33.32
33.33	MI SC REVENUE	B	-6,173	ELECTROENCEPHALOGRAPHY	70.00	0 33.33
33.34	MI SC REVENUE	B	-190,469	CLINIC	90.00	0 33.34
33.35	MI SC REVENUE	B	-670	WOUND OSTOMY	90.01	0 33.35
33.36	MI SC REVENUE	B	-127,545	URODYNAMICS	90.02	0 33.36
33.37	MI SC REVENUE	B	-10,745	PLAINFIELD CLINIC	90.03	0 33.37
33.38	MI SC REVENUE	B	-73,966	OSWEGO CLINIC	90.04	0 33.38
33.39	MI SC REVENUE	B	-155	EMERGENCY	91.00	0 33.39
34.00	INTEREST EXPENSE OFFSET	A	-5,875,546	CAP REL COSTS-BLDG & FIXT	1.00	11 34.00
35.00	INTEREST SWAP SETTLEMENT	A	4,447,688	CAP REL COSTS-BLDG & FIXT	1.00	11 35.00
35.01	INTEREST INCOME OFFSET	B	-4,447,688	CAP REL COSTS-BLDG & FIXT	1.00	11 35.01
36.00			0		0.00	0 36.00
37.00	REAL ESTATE TAXES	A	-84,751	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00	IMPUTED COST OF VOLUNTEERS	A	-872,119	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00	COMMUNITY SPONSORSHIP	A	-530,064	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	CONTRIBUTIONS	A	-230,251	ADMINISTRATIVE & GENERAL	5.00	0 40.00
40.01	CONTRIBUTIONS	A	-45,588	EMERGENCY	91.00	0 40.01
40.02	CONTRIBUTIONS	A	-1,200	OSWEGO CLINIC	90.04	0 40.02
41.00	HEALTH PROMOTIONS	A	-87,542	ADMINISTRATIVE & GENERAL	5.00	0 41.00
42.00	IRB	A	-327,408	CLINIC	90.00	0 42.00
42.01	NRCC PROFESSIONAL COMPONENT	A	-16,887	PHYSICIANS' PRIVATE OFFICES	192.00	0 42.01
43.00			0		0.00	0 43.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-45,741,476			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 140231

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

Worksheet A-8-1

Date/Time Prepared:  
11/22/2016 5:44 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.00	ADMINISTRATIVE & GENERAL	BENEFITS	5,654,962	0
2.00	5.00	ADMINISTRATIVE & GENERAL	A & G	55,492,247	92,148,469
3.00	5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCOUNTS	6,802,677	0
3.01	5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCESS	3,281,568	0
3.02	7.00	OPERATION OF PLANT	PLANT OPERATIONS	11,894,431	452,225
3.03	15.00	PHARMACY	PHARMACY	165,039	0
3.04	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	4,227,781	0
3.05	5.00	ADMINISTRATIVE & GENERAL	MEDICAL STAFF OFFICE	0	41,759
3.06	5.00	ADMINISTRATIVE & GENERAL	INTERCOMPANY RENT	5,384,727	8,085,176
3.07	7.00	OPERATION OF PLANT	INTERCOMPANY RENT	667	1,000
3.08	0.00			0	0
3.09	0.00			0	0
3.10	0.00			0	0
3.11	0.00			0	0
3.12	0.00			0	0
3.13	0.00			0	0
3.14	0.00			0	0
3.15	0.00			0	0
3.16	0.00			0	0
3.17	0.00			0	0
3.18	0.00			0	0
3.19	0.00			0	0
3.20	0.00			0	0
3.21	0.00			0	0
3.22	0.00			0	0
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			92,904,099	100,728,629

\* 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

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

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

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

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

Provider CCN: 140231

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

Worksheet A-8-1

Date/Time Prepared:  
11/22/2016 5:44 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	5,654,962	9		1.00
2.00	-36,656,222	0		2.00
3.00	6,802,677	0		3.00
3.01	3,281,568	0		3.01
3.02	11,442,206	0		3.02
3.03	165,039	0		3.03
3.04	4,227,781	0		3.04
3.05	-41,759	0		3.05
3.06	-2,700,449	0		3.06
3.07	-333	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
3.15	0	0		3.15
3.16	0	0		3.16
3.17	0	0		3.17
3.18	0	0		3.18
3.19	0	0		3.19
3.20	0	0		3.20
3.21	0	0		3.21
3.22	0	0		3.22
4.00	0	0		4.00
5.00	-7,824,530			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.

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140231

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

Worksheet A-8-2

Date/Time Prepared:  
11/22/2016 5:44 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	5.00	ADMINISTRATIVE & GENERAL	1,402,629	1,140,199	262,430	211,500	2,099	1.00
2.00	30.00	ADULTS & PEDIATRICS	739,203	400,658	338,545	211,500	3,385	2.00
3.00	35.00	NICU	576,108	576,108	0	0	0	3.00
4.00	50.00	OPERATING ROOM	33,578	33,578	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	734,525	583,700	150,825	237,100	1,207	5.00
6.00	57.00	CT SCAN	1,089	1,089	0	0	0	6.00
7.00	60.00	LABORATORY	623,386	623,386	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	59,824	59,824	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	2,712,484	2,712,484	0	0	0	9.00
10.00	69.02	EMG/NCV	82,868	82,868	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	194,922	194,922	0	0	0	11.00
12.00	90.01	WOUND OSTOMY	51,461	0	51,461	211,500	400	12.00
13.00	90.02	URODYNAMICS	8,554	8,554	0	0	0	13.00
14.00	90.03	PLAINFIELD CLINIC	1,205,692	1,205,692	0	0	0	14.00
15.00	90.04	OSWEGO CLINIC	1,536,512	1,536,512	0	0	0	15.00
16.00	90.05	BOLINGBROOK CLINIC	148,604	148,604	0	0	0	16.00
17.00	91.00	EMERGENCY	10,825,515	10,825,515	0	0	0	17.00
200.00			20,936,954	20,133,693	803,261		7,091	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	213,432	10,672	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	344,196	17,210	0	0	0	2.00
3.00	35.00	NICU	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	137,586	6,879	0	0	0	5.00
6.00	57.00	CT SCAN	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	69.02	EMG/NCV	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	90.01	WOUND OSTOMY	40,673	2,034	0	0	0	12.00
13.00	90.02	URODYNAMICS	0	0	0	0	0	13.00
14.00	90.03	PLAINFIELD CLINIC	0	0	0	0	0	14.00
15.00	90.04	OSWEGO CLINIC	0	0	0	0	0	15.00
16.00	90.05	BOLINGBROOK CLINIC	0	0	0	0	0	16.00
17.00	91.00	EMERGENCY	0	0	0	0	0	17.00
200.00			735,887	36,795	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	213,432	48,998	1,189,197		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	344,196	0	400,658		2.00
3.00	35.00	NICU	0	0	0	576,108		3.00
4.00	50.00	OPERATING ROOM	0	0	0	33,578		4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	137,586	13,239	596,939		5.00
6.00	57.00	CT SCAN	0	0	0	1,089		6.00
7.00	60.00	LABORATORY	0	0	0	623,386		7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	59,824		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,712,484		9.00
10.00	69.02	EMG/NCV	0	0	0	82,868		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	194,922		11.00
12.00	90.01	WOUND OSTOMY	0	40,673	10,788	10,788		12.00
13.00	90.02	URODYNAMICS	0	0	0	8,554		13.00
14.00	90.03	PLAINFIELD CLINIC	0	0	0	1,205,692		14.00
15.00	90.04	OSWEGO CLINIC	0	0	0	1,536,512		15.00
16.00	90.05	BOLINGBROOK CLINIC	0	0	0	148,604		16.00
17.00	91.00	EMERGENCY	0	0	0	10,825,515		17.00
200.00			0	735,887	73,025	20,206,718		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140231

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	29,719,167	29,719,167			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	-16,008		-16,008		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	41,632,466	216,406	0	41,848,872	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	96,986,576	3,367,734	0	2,854,297	103,208,607
7.00 00700	OPERATION OF PLANT	34,865,321	7,646,802	0	1,058,424	43,570,547
8.00 00800	LAUNDRY & LINEN SERVICE	329,911	76,769	0	40,086	446,766
9.00 00900	HOUSEKEEPING	5,195,994	151,242	0	707,822	6,055,058
10.00 01000	DIETARY	1,782,214	227,051	0	0	2,009,265
11.00 01100	CAFETERIA	2,339,725	578,752	0	0	2,918,477
13.00 01300	NURSING ADMINISTRATION	4,476,924	74,557	0	821,926	5,373,407
14.00 01400	CENTRAL SERVICES & SUPPLY	3,829,179	481,570	0	366,366	4,677,115
15.00 01500	PHARMACY	5,107,219	267,210	0	985,328	6,359,757
16.00 01600	MEDICAL RECORDS & LIBRARY	4,602,670	68,629	0	83,554	4,754,853
23.00 02300	PARAMED PRGM-EMS	759,884	99,270	0	170,254	1,029,408
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	39,898,171	5,287,878	0	8,006,725	53,192,774
31.00 03100	INTENSIVE CARE UNIT	5,209,949	519,391	0	1,090,549	6,819,889
32.00 03200	CORONARY CARE UNIT	5,386,753	1,252,391	0	1,168,967	7,808,111
35.00 02060	NICU	6,583,626	681,487	0	1,205,772	8,470,885
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	2,510,207	294,427	0	496,179	3,300,813
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	10,144,111	1,757,338	0	1,686,321	13,587,770
50.02 03330	ENDOSCOPY	1,754,102	403,006	0	367,212	2,524,320
51.00 05100	RECOVERY ROOM	1,565,513	198,163	0	341,956	2,105,632
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,687,798	1,001,629	0	1,413,085	9,102,512
53.00 05300	ANESTHESIOLOGY	2,658,396	28,094	0	107,817	2,794,307
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,151,280	501,942	0	661,245	4,314,467
54.01 03630	ULTRASOUND	1,506,898	39,574	0	327,749	1,874,221
54.02 03440	WOMENS IMAGING CENTER	1,048,454	20,872	0	219,635	1,288,961
54.03 05401	SPECIAL PROCEDURES	970,525	58,485	0	213,410	1,242,420
54.04 05402	IMAGING CENTER	1,530,049	0	0	279,602	1,809,651
55.00 05500	RADIOLOGY-THERAPEUTIC	26,386,465	0	0	1,204,053	27,590,518
56.00 05600	RADIOISOTOPE	1,776,017	142,559	0	167,248	2,085,824
57.00 05700	CT SCAN	2,500,575	264,371	0	462,503	3,227,449
58.00 05800	MRI	1,783,596	134,210	0	217,163	2,134,969
59.00 05900	CARDIAC CATHETERIZATION	3,918,931	341,015	0	775,917	5,035,863
60.00 06000	LABORATORY	10,009,695	324,985	0	1,130,044	11,464,724
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,222,691	28,554	0	88,630	2,339,875
65.00 06500	RESPIRATORY THERAPY	3,308,423	115,049	0	722,741	4,146,213
66.00 06600	PHYSICAL THERAPY	5,484,923	8,140	0	1,114,560	6,607,623
68.00 06800	SPEECH PATHOLOGY	774,451	0	0	170,975	945,426
69.00 06900	ELECTROCARDIOLOGY	2,717,224	511,919	0	729,060	3,958,203
69.01 03140	CARDIOLOGY OUTREACH	462,637	0	0	82,894	545,531
69.02 03290	EMG/NCV	31,280	0	0	7,935	39,215
70.00 07000	ELECTROENCEPHALOGRAPHY	7,226,572	0	0	301,939	7,528,511
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,225,911	0	0	5,229	33,231,140
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	46,653,901	0	0	0	46,653,901
73.00 07300	DRUGS CHARGED TO PATIENTS	14,571,243	0	0	0	14,571,243
75.00 07500	ASC (NON-DISTINCT PART)	3,720,519	586,934	0	812,159	5,119,612
76.97 07697	CARDIAC REHABILITATION	1,005,736	148,487	0	221,799	1,376,022
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	1,853,682	56,857	0	423,943	2,334,482
90.01 09001	WOUND OSTOMY	2,068,029	242,330	0	334,847	2,645,206
90.02 09002	URODYNAMICS	22,332,692	0	0	2,261,229	24,593,921
90.03 09003	PLAINFELD CLINIC	1,242,720	0	0	517,082	1,759,802
90.04 09004	OSWEGO CLINIC	1,255,121	0	0	596,155	1,851,276
90.05 09005	BOLINGBROOK CLINIC	509,704	0	0	114,193	623,897
91.00 09100	EMERGENCY	9,864,574	1,306,159	0	4,079,931	15,250,664
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	529,124,386	29,512,238	0	41,216,510	528,301,103
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	466,096	46,420	0	16,480	528,996
192.00 19200	PHYSICIANS' PRIVATE OFFICES	5,701,413	160,509	0	613,667	6,475,589

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140231

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
192.02 19202 RESEARCH	10,378	0	0	2,215	12,593	192.02
194.00 07950 LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	-16,008	0	-16,008	201.00
202.00 TOTAL (sum lines 118-201)	535,302,273	29,719,167	-16,008	41,848,872	535,302,273	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140231

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	103,208,607				5.00	
7.00	00700	OPERATION OF PLANT	10,406,738	53,977,285			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	106,709	224,131	777,606		8.00	
9.00	00900	HOUSEKEEPING	1,446,238	441,559	0	7,942,855	9.00	
10.00	01000	DIETARY	479,909	662,886	0	90,621	10.00	
11.00	01100	CAFETERIA	697,072	1,689,696	0	230,993	11.00	
13.00	01300	NURSING ADMINISTRATION	1,283,428	217,671	0	29,757	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	1,117,120	1,405,968	1,315	192,205	14.00	
15.00	01500	PHARMACY	1,519,015	780,132	0	106,649	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,135,687	200,365	0	14,895	16.00	
23.00	02300	PARAMED ED PRGM-EMS	245,872	289,822	19,127	39,621	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	12,705,060	15,438,221	276,388	2,110,511	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,628,917	1,516,388	26,415	207,301	31.00	
32.00	03200	CORONARY CARE UNIT	1,864,952	3,656,418	29,318	499,858	32.00	
35.00	02060	NICU	2,023,254	1,989,634	22,049	271,997	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
43.00	04300	NURSERY	788,393	859,595	30,125	117,513	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,245,412	5,130,636	44,025	701,393	50.00	
50.02	03330	ENDOSCOPY	602,929	1,176,596	11,607	160,849	50.02	
51.00	05100	RECOVERY ROOM	502,926	578,548	15,745	79,091	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,174,117	2,924,305	49,107	399,773	52.00	
53.00	05300	ANESTHESIOLOGY	667,415	82,023	0	11,213	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,030,502	1,465,443	12,968	200,336	54.00	
54.01	03630	ULTRASOUND	447,654	115,539	11,395	15,795	54.01	
54.02	03440	WOMENS IMAGING CENTER	307,866	60,938	1,824	8,331	54.02	
54.03	05401	SPECIAL PROCEDURES	296,750	170,749	2,128	23,343	54.03	
54.04	05402	IMAGING CENTER	432,232	0	13,644	0	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	6,589,940	0	5,965	0	55.00	
56.00	05600	RADIOISOTOPE	498,195	416,208	11,059	56,899	56.00	
57.00	05700	CT SCAN	770,870	771,844	11,321	67,762	57.00	
58.00	05800	MRI	509,933	391,833	10,887	53,566	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,202,806	995,609	1,879	134,274	59.00	
60.00	06000	LABORATORY	2,738,326	948,809	0	129,709	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	558,874	83,364	0	11,396	62.00	
65.00	06500	RESPIRATORY THERAPY	990,315	335,892	0	45,919	65.00	
66.00	06600	PHYSICAL THERAPY	1,578,218	23,766	15,678	3,249	66.00	
68.00	06800	SPEECH PATHOLOGY	225,813	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	945,409	1,494,572	243	373,231	69.00	
69.01	03140	CARDIOLOGY OUTREACH	130,299	0	761	0	69.01	
69.02	03290	EMG/NCV	9,366	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,798,170	0	9,460	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,937,191	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,143,191	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	3,480,312	0	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	1,222,809	1,713,584	17,195	234,259	75.00	
76.97	07697	CARDIAC REHABILITATION	328,660	433,515	1,043	49,151	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98	
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	557,586	165,996	1,032	22,693	90.00	
90.01	09001	WOUND OSTOMY	631,802	707,493	2,930	0	90.01	
90.02	09002	URODYNAMICS	5,874,209	0	57,398	0	90.02	
90.03	09003	PLAINFIELD CLINIC	420,325	0	4,535	0	90.03	
90.04	09004	OSWEGO CLINIC	442,174	0	2,045	0	90.04	
90.05	09005	BOLINGBROOK CLINIC	149,017	0	4,207	0	90.05	
91.00	09100	EMERGENCY	3,642,591	3,813,395	51,853	521,317	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	101,532,568	53,373,143	776,671	7,215,470	3,242,681	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	126,350	135,527	0	18,527	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,546,681	468,615	935	64,063	192.00	
192.02	19202	RESEARCH	3,008	0	0	0	192.02	
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	644,795	194.00	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	103,208,607	53,977,285	777,606	7,942,855	3,242,681	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140231

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	5,536,238					11.00
13.00	01300		6,990,642				13.00
14.00	01400	120,307	0	7,514,030			14.00
15.00	01500	137,633	0	0	8,903,186		15.00
16.00	01600	9,582	0	0	0	6,115,382	16.00
23.00	02300	14,006	25,298	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,503,033	2,714,899	0	0	329,501	30.00
31.00	03100	188,816	341,054	0	0	52,527	31.00
32.00	03200	186,638	337,121	0	0	58,303	32.00
35.00	02060	191,963	346,738	0	0	43,822	35.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	90,055	162,664	0	0	15,305	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	243,747	440,275	0	0	288,405	50.00
50.02	03330	62,364	112,646	0	0	70,940	50.02
51.00	05100	45,955	83,007	0	0	56,498	51.00
52.00	05200	225,316	406,983	0	0	70,464	52.00
53.00	05300	25,072	45,287	0	0	126,313	53.00
54.00	05400	156,226	282,188	0	0	162,345	54.00
54.01	03630	48,463	87,537	0	0	99,622	54.01
54.02	03440	23,088	41,704	0	0	34,429	54.02
54.03	05401	32,687	0	0	0	30,284	54.03
54.04	05402	28,933	0	0	0	91,979	54.04
55.00	05500	118,919	0	0	0	346,705	55.00
56.00	05600	19,639	0	0	0	37,322	56.00
57.00	05700	67,291	121,547	0	0	359,535	57.00
58.00	05800	31,253	56,451	0	0	122,037	58.00
59.00	05900	90,898	0	0	0	255,544	59.00
60.00	06000	212,262	383,405	0	0	693,322	60.00
62.00	06200	15,455	27,915	0	0	34,982	62.00
65.00	06500	140,962	0	0	0	126,991	65.00
66.00	06600	133,033	0	0	0	98,388	66.00
68.00	06800	18,923	0	0	0	14,532	68.00
69.00	06900	91,582	0	0	0	228,635	69.00
69.01	03140	8,056	0	0	0	27,621	69.01
69.02	03290	1,394	0	0	0	3,292	69.02
70.00	07000	60,340	108,991	0	0	58,419	70.00
71.00	07100	0	0	3,114,203	0	176,003	71.00
72.00	07200	0	0	4,399,827	0	314,151	72.00
73.00	07300	0	0	0	8,903,186	279,204	73.00
75.00	07500	103,286	0	0	0	36,532	75.00
76.97	07697	27,233	0	0	0	18,922	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	71,116	128,455	0	0	13,107	90.00
90.01	09001	38,092	0	0	0	27,356	90.01
90.02	09002	301,743	0	0	0	632,415	90.02
90.03	09003	39,893	0	0	0	48,123	90.03
90.04	09004	44,266	0	0	0	34,978	90.04
90.05	09005	9,764	0	0	0	7,182	90.05
91.00	09100	407,731	736,477	0	0	589,347	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		5,473,394	6,990,642	7,514,030	8,903,186	6,115,382	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	3,154	0	0	0	0	190.00
192.00	19200	59,690	0	0	0	0	192.00
192.02	19202	0	0	0	0	0	192.02
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140231

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
202.00   TOTAL (sum lines 118-201)	5,536,238	6,990,642	7,514,030	8,903,186	6,115,382	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140231

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
23.00	02300	PARAMED ED PRGM-EMS	1,663,154			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	109,961	91,167,241	0	91,167,241
31.00	03100	INTENSIVE CARE UNIT	24,436	11,023,720	0	11,023,720
32.00	03200	CORONARY CARE UNIT	0	14,678,530	0	14,678,530
35.00	02060	NI CU	0	13,360,342	0	13,360,342
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
43.00	04300	NURSERY	0	5,364,463	0	5,364,463
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	24,436	23,706,099	0	23,706,099
50.02	03330	ENDOSCOPY	0	4,722,251	0	4,722,251
51.00	05100	RECOVERY ROOM	0	3,467,402	0	3,467,402
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,352,577	0	15,352,577
53.00	05300	ANESTHESIOLOGY	0	3,751,630	0	3,751,630
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,624,475	0	7,624,475
54.01	03630	ULTRASOUND	0	2,700,226	0	2,700,226
54.02	03440	WOMENS IMAGING CENTER	0	1,767,141	0	1,767,141
54.03	05401	SPECIAL PROCEDURES	0	1,798,361	0	1,798,361
54.04	05402	IMAGING CENTER	0	2,376,439	0	2,376,439
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,652,047	0	34,652,047
56.00	05600	RADIOISOTOPE	0	3,125,146	0	3,125,146
57.00	05700	CT SCAN	0	5,397,619	0	5,397,619
58.00	05800	MRI	0	3,310,929	0	3,310,929
59.00	05900	CARDIAC CATHETERIZATION	0	7,716,873	0	7,716,873
60.00	06000	LABORATORY	64,144	16,634,701	0	16,634,701
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,071,861	0	3,071,861
65.00	06500	RESPIRATORY THERAPY	12,218	5,798,510	0	5,798,510
66.00	06600	PHYSICAL THERAPY	0	8,459,955	0	8,459,955
68.00	06800	SPEECH PATHOLOGY	0	1,204,694	0	1,204,694
69.00	06900	ELECTROCARDIOLOGY	0	7,091,875	0	7,091,875
69.01	03140	CARDIOLOGY OUTREACH	0	712,268	0	712,268
69.02	03290	EMG/NCV	0	53,267	0	53,267
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,563,891	0	9,563,891
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	44,458,537	0	44,458,537
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	62,511,070	0	62,511,070
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,233,945	0	27,233,945
75.00	07500	ASC (NON-DISTINCT PART)	18,327	8,465,604	0	8,465,604
76.97	07697	CARDIAC REHABILITATION	0	2,234,546	0	2,234,546
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	3,294,467	0	3,294,467
90.01	09001	WOUND OSTOMY	0	4,052,879	0	4,052,879
90.02	09002	URODYNAMICS	0	31,459,686	0	31,459,686
90.03	09003	PLAINFIELD CLINIC	0	2,272,678	0	2,272,678
90.04	09004	OSWEGO CLINIC	0	2,374,739	0	2,374,739
90.05	09005	BOLINGBROOK CLINIC	0	794,067	0	794,067
91.00	09100	EMERGENCY	1,409,632	26,423,007	0	26,423,007
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,663,154	525,229,758	0	525,229,758
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	812,554	0	812,554
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,615,573	0	8,615,573
192.02	19202	RESEARCH	0	15,601	0	15,601
194.00	07950	LINDEN OAKS HOSPITAL	0	644,795	0	644,795

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140231

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	-16,008	0	-16,008		201.00
202.00	TOTAL (sum lines 118-201)	1,663,154	535,302,273	0	535,302,273		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140231

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	216,406	0	216,406	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	3,367,734	0	3,367,734	5.00
7.00 00700	OPERATION OF PLANT	0	7,646,802	0	7,646,802	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	76,769	0	76,769	8.00
9.00 00900	HOUSEKEEPING	0	151,242	0	151,242	9.00
10.00 01000	DIETARY	0	227,051	0	227,051	10.00
11.00 01100	CAFETERIA	0	578,752	0	578,752	11.00
13.00 01300	NURSING ADMINISTRATION	0	74,557	0	74,557	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	481,570	0	481,570	14.00
15.00 01500	PHARMACY	0	267,210	0	267,210	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	68,629	0	68,629	16.00
23.00 02300	PARAMED PRGM-EMS	0	99,270	0	99,270	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	5,287,878	0	5,287,878	30.00
31.00 03100	INTENSIVE CARE UNIT	0	519,391	0	519,391	31.00
32.00 03200	CORONARY CARE UNIT	0	1,252,391	0	1,252,391	32.00
35.00 02060	NICU	0	681,487	0	681,487	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00 04300	NURSERY	0	294,427	0	294,427	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	1,757,338	0	1,757,338	50.00
50.02 03330	ENDOSCOPY	0	403,006	0	403,006	50.02
51.00 05100	RECOVERY ROOM	0	198,163	0	198,163	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	1,001,629	0	1,001,629	52.00
53.00 05300	ANESTHESIOLOGY	0	28,094	0	28,094	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	501,942	0	501,942	54.00
54.01 03630	ULTRASOUND	0	39,574	0	39,574	54.01
54.02 03440	WOMENS IMAGING CENTER	0	20,872	0	20,872	54.02
54.03 05401	SPECIAL PROCEDURES	0	58,485	0	58,485	54.03
54.04 05402	IMAGING CENTER	0	0	0	0	54.04
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	142,559	0	142,559	56.00
57.00 05700	CT SCAN	0	264,371	0	264,371	57.00
58.00 05800	MRI	0	134,210	0	134,210	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	341,015	0	341,015	59.00
60.00 06000	LABORATORY	0	324,985	0	324,985	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	28,554	0	28,554	62.00
65.00 06500	RESPIRATORY THERAPY	0	115,049	0	115,049	65.00
66.00 06600	PHYSICAL THERAPY	0	8,140	0	8,140	66.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	511,919	0	511,919	69.00
69.01 03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02 03290	EMG/NCV	0	0	0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	586,934	0	586,934	75.00
76.97 07697	CARDIAC REHABILITATION	0	148,487	0	148,487	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	56,857	0	56,857	90.00
90.01 09001	WOUND OSTOMY	0	242,330	0	242,330	90.01
90.02 09002	URODYNAMICS	0	0	0	0	90.02
90.03 09003	PLAINFIELD CLINIC	0	0	0	0	90.03
90.04 09004	OSWEGO CLINIC	0	0	0	0	90.04
90.05 09005	BOLINGBROOK CLINIC	0	0	0	0	90.05
91.00 09100	EMERGENCY	0	1,306,159	0	1,306,159	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	29,512,238	0	29,512,238	213,138
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	46,420	0	46,420	85
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	160,509	0	160,509	3,172
192.02 19202	RESEARCH	0	0	0	0	11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140231

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.00 07950 LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	-16,008	-16,008		201.00
202.00 TOTAL (sum lines 118-201)	0	29,719,167	-16,008	29,703,159	216,406	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140231

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,382,490				5.00
7.00	00700	OPERATION OF PLANT	341,070	7,993,344			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,497	33,191	113,664		8.00
9.00	00900	HOUSEKEEPING	47,399	65,389	0	267,689	9.00
10.00	01000	DIETARY	15,729	98,165	0	3,054	343,999
11.00	01100	CAFETERIA	22,846	250,222	0	7,785	0
13.00	01300	NURSING ADMINISTRATION	42,063	32,234	0	1,003	0
14.00	01400	CENTRAL SERVICES & SUPPLY	36,612	208,206	192	6,478	0
15.00	01500	PHARMACY	49,784	115,527	0	3,594	0
16.00	01600	MEDICAL RECORDS & LIBRARY	37,221	29,671	0	502	0
23.00	02300	PARAMED ED PRGM-EMS	8,058	42,919	2,796	1,335	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	416,327	2,286,204	40,399	71,129	295,647
31.00	03100	INTENSIVE CARE UNIT	53,386	224,558	3,861	6,986	23,124
32.00	03200	CORONARY CARE UNIT	61,122	541,469	4,285	16,846	25,228
35.00	02060	NICU	66,310	294,639	3,223	9,167	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	25,839	127,295	4,403	3,960	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	106,365	759,781	6,435	23,638	0
50.02	03330	ENDOSCOPY	19,760	174,239	1,697	5,421	0
51.00	05100	RECOVERY ROOM	16,483	85,676	2,301	2,666	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	71,254	433,052	7,178	13,473	0
53.00	05300	ANESTHESIOLOGY	21,874	12,147	0	378	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,774	217,013	1,896	6,752	0
54.01	03630	ULTRASOUND	14,671	17,110	1,666	532	0
54.02	03440	WOMENS IMAGING CENTER	10,090	9,024	267	281	0
54.03	05401	SPECIAL PROCEDURES	9,726	25,286	311	787	0
54.04	05402	IMAGING CENTER	14,166	0	1,994	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	215,979	0	872	0	0
56.00	05600	RADIOISOTOPE	16,328	61,635	1,617	1,918	0
57.00	05700	CT SCAN	25,264	114,300	1,655	2,284	0
58.00	05800	MRI	16,713	58,025	1,591	1,805	0
59.00	05900	CARDIAC CATHETERIZATION	39,421	147,437	275	4,525	0
60.00	06000	LABORATORY	89,746	140,506	0	4,371	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	18,317	12,345	0	384	0
65.00	06500	RESPIRATORY THERAPY	32,457	49,741	0	1,548	0
66.00	06600	PHYSICAL THERAPY	51,724	3,519	2,292	109	0
68.00	06800	SPEECH PATHOLOGY	7,401	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	30,985	221,327	36	12,579	0
69.01	03140	CARDIOLOGY OUTREACH	4,270	0	111	0	0
69.02	03290	EMG/NCV	307	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	58,933	0	1,383	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	260,133	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	365,207	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	114,064	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	40,076	253,760	2,513	7,895	0
76.97	07697	CARDIAC REHABILITATION	10,772	64,198	152	1,656	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIpsy	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	18,274	24,582	151	765	0
90.01	09001	WOUND OSTOMY	20,707	104,771	428	0	0
90.02	09002	URODYNAMICS	192,521	0	8,390	0	0
90.03	09003	PLAINFIELD CLINIC	13,776	0	663	0	0
90.04	09004	OSWEGO CLINIC	14,492	0	299	0	0
90.05	09005	BOLINGBROOK CLINIC	4,884	0	615	0	0
91.00	09100	EMERGENCY	119,382	564,715	7,580	17,569	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,327,559	7,903,878	113,527	243,175	343,999
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,141	20,070	0	624	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	50,691	69,396	137	2,159	0
192.02	19202	RESEARCH	99	0	0	0	0
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	21,731	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)	3,382,490	7,993,344	113,664	267,689	343,999

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140231		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/22/2016 5:44 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	859,605					11.00
13.00	01300	13,412	167,518				13.00
14.00	01400	18,680	0	753,632			14.00
15.00	01500	21,370	0	0	462,579		15.00
16.00	01600	1,488	0	0	0	137,943	16.00
23.00	02300	2,175	606	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	233,376	65,060	0	0	7,396	30.00
31.00	03100	29,317	8,173	0	0	1,179	31.00
32.00	03200	28,979	8,078	0	0	1,309	32.00
35.00	02060	29,806	8,309	0	0	984	35.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	13,983	3,898	0	0	344	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	37,846	10,550	0	0	6,474	50.00
50.02	03330	9,683	2,699	0	0	1,592	50.02
51.00	05100	7,135	1,989	0	0	1,268	51.00
52.00	05200	34,984	9,752	0	0	1,582	52.00
53.00	05300	3,893	1,085	0	0	2,835	53.00
54.00	05400	24,257	6,762	0	0	3,644	54.00
54.01	03630	7,525	2,098	0	0	2,236	54.01
54.02	03440	3,585	999	0	0	773	54.02
54.03	05401	5,075	0	0	0	680	54.03
54.04	05402	4,492	0	0	0	2,065	54.04
55.00	05500	18,464	0	0	0	7,782	55.00
56.00	05600	3,049	0	0	0	838	56.00
57.00	05700	10,448	2,913	0	0	8,070	57.00
58.00	05800	4,853	1,353	0	0	2,739	58.00
59.00	05900	14,114	0	0	0	5,736	59.00
60.00	06000	32,958	9,187	0	0	16,239	60.00
62.00	06200	2,400	669	0	0	785	62.00
65.00	06500	21,887	0	0	0	2,850	65.00
66.00	06600	20,656	0	0	0	2,208	66.00
68.00	06800	2,938	0	0	0	326	68.00
69.00	06900	14,220	0	0	0	5,132	69.00
69.01	03140	1,251	0	0	0	620	69.01
69.02	03290	216	0	0	0	74	69.02
70.00	07000	9,369	2,612	0	0	1,311	70.00
71.00	07100	0	0	312,351	0	3,951	71.00
72.00	07200	0	0	441,281	0	7,051	72.00
73.00	07300	0	0	0	462,579	6,267	73.00
75.00	07500	16,037	0	0	0	820	75.00
76.97	07697	4,228	0	0	0	425	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	11,042	3,078	0	0	294	90.00
90.01	09001	5,914	0	0	0	614	90.01
90.02	09002	46,851	0	0	0	14,195	90.02
90.03	09003	6,194	0	0	0	1,080	90.03
90.04	09004	6,873	0	0	0	785	90.04
90.05	09005	1,516	0	0	0	161	90.05
91.00	09100	63,308	17,648	0	0	13,229	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		849,847	167,518	753,632	462,579	137,943	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	490	0	0	0	0	190.00
192.00	19200	9,268	0	0	0	0	192.00
192.02	19202	0	0	0	0	0	192.02
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140231			Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/22/2016 5:44 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
202.00	TOTAL (sum lines 118-201)	859,605	167,518	753,632	462,579	137,943	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140231

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
23.00	02300	158,039				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000		8,744,870	0	8,744,870	30.00
31.00	03100		875,613	0	875,613	31.00
32.00	03200		1,945,750	0	1,945,750	32.00
35.00	02060		1,100,159	0	1,100,159	35.00
40.00	04000		0	0	0	40.00
43.00	04300		476,714	0	476,714	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000		2,717,145	0	2,717,145	50.00
50.02	03330		619,995	0	619,995	50.02
51.00	05100		317,449	0	317,449	51.00
52.00	05200		1,580,209	0	1,580,209	52.00
53.00	05300		70,863	0	70,863	53.00
54.00	05400		799,458	0	799,458	54.00
54.01	03630		87,106	0	87,106	54.01
54.02	03440		47,026	0	47,026	54.02
54.03	05401		101,453	0	101,453	54.03
54.04	05402		24,162	0	24,162	54.04
55.00	05500		249,322	0	249,322	55.00
56.00	05600		228,809	0	228,809	56.00
57.00	05700		431,696	0	431,696	57.00
58.00	05800		222,412	0	222,412	58.00
59.00	05900		556,534	0	556,534	59.00
60.00	06000		623,834	0	623,834	60.00
62.00	06200		63,912	0	63,912	62.00
65.00	06500		227,268	0	227,268	65.00
66.00	06600		94,410	0	94,410	66.00
68.00	06800		11,549	0	11,549	68.00
69.00	06900		799,967	0	799,967	69.00
69.01	03140		6,681	0	6,681	69.01
69.02	03290		638	0	638	69.02
70.00	07000		75,169	0	75,169	70.00
71.00	07100		576,462	0	576,462	71.00
72.00	07200		813,539	0	813,539	72.00
73.00	07300		582,910	0	582,910	73.00
75.00	07500		912,234	0	912,234	75.00
76.97	07697		231,065	0	231,065	76.97
76.98	07698		0	0	0	76.98
76.99	07699		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000		117,235	0	117,235	90.00
90.01	09001		376,495	0	376,495	90.01
90.02	09002		273,647	0	273,647	90.02
90.03	09003		24,386	0	24,386	90.03
90.04	09004		25,531	0	25,531	90.04
90.05	09005		7,766	0	7,766	90.05
91.00	09100		2,130,682	0	2,130,682	91.00
92.00	09200			0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300					113.00
118.00		0	29,172,125	0	29,172,125	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000		71,830	0	71,830	190.00
192.00	19200		295,332	0	295,332	192.00
192.02	19202		110	0	110	192.02
194.00	07950		21,731	0	21,731	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140231

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	158,039	158,039	0	158,039		200.00
201.00	Negative Cost Centers	0	-16,008	0	-16,008		201.00
202.00	TOTAL (sum lines 118-201)	158,039	29,703,159	0	29,703,159		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140231

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

Worksheet B-1

Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	711,922				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		711,922			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,184	5,184	186,667,372		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	80,674	80,674	12,731,597	-103,208,607	5.00
7.00 00700	OPERATION OF PLANT	183,179	183,179	4,721,103	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,839	1,839	178,803	0	8.00
9.00 00900	HOUSEKEEPING	3,623	3,623	3,157,240	0	9.00
10.00 01000	DIETARY	5,439	5,439	0	0	10.00
11.00 01100	CAFETERIA	13,864	13,864	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,786	1,786	3,666,202	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	11,536	11,536	1,634,177	0	14.00
15.00 01500	PHARMACY	6,401	6,401	4,395,056	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,644	1,644	372,693	0	16.00
23.00 02300	PARAMED PRGM-EMS	2,378	2,378	759,418	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	126,671	126,671	35,714,390	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,442	12,442	4,864,395	0	31.00
32.00 03200	CORONARY CARE UNIT	30,001	30,001	5,214,180	0	32.00
35.00 02060	NICU	16,325	16,325	5,378,349	0	35.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
43.00 04300	NURSERY	7,053	7,053	2,213,208	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	42,097	42,097	7,521,839	0	50.00
50.02 03330	ENDOSCOPY	9,654	9,654	1,637,952	0	50.02
51.00 05100	RECOVERY ROOM	4,747	4,747	1,525,297	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	23,994	23,994	6,303,069	0	52.00
53.00 05300	ANESTHESIOLOGY	673	673	480,917	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,024	12,024	2,949,486	0	54.00
54.01 03630	ULTRASOUND	948	948	1,461,923	0	54.01
54.02 03440	WOMENS IMAGING CENTER	500	500	979,683	0	54.02
54.03 05401	SPECIAL PROCEDURES	1,401	1,401	951,916	0	54.03
54.04 05402	IMAGING CENTER	0	0	1,247,166	0	54.04
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	5,370,680	0	55.00
56.00 05600	RADIOISOTOPE	3,415	3,415	746,011	0	56.00
57.00 05700	CT SCAN	6,333	6,333	2,062,996	0	57.00
58.00 05800	MRI	3,215	3,215	968,657	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	8,169	8,169	3,460,980	0	59.00
60.00 06000	LABORATORY	7,785	7,785	5,040,563	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	684	684	395,336	0	62.00
65.00 06500	RESPIRATORY THERAPY	2,756	2,756	3,223,788	0	65.00
66.00 06600	PHYSICAL THERAPY	195	195	4,971,497	0	66.00
68.00 06800	SPEECH PATHOLOGY	0	0	762,636	0	68.00
69.00 06900	ELECTROCARDIOLOGY	12,263	12,263	3,251,972	0	69.00
69.01 03140	CARDIOLOGY OUTREACH	0	0	369,750	0	69.01
69.02 03290	EMG/NCV	0	0	35,396	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	1,346,798	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	23,324	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	14,060	14,060	3,622,638	0	75.00
76.97 07697	CARDIAC REHABILITATION	3,557	3,557	989,337	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	1,362	1,362	1,891,000	0	90.00
90.01 09001	WOUND OSTOMY	5,805	5,805	1,493,584	0	90.01
90.02 09002	URODYNAMICS	0	0	10,086,217	0	90.02
90.03 09003	PLAINFILM CLINIC	0	0	2,306,447	0	90.03
90.04 09004	OSWEGO CLINIC	0	0	2,659,152	0	90.04
90.05 09005	BOLINGBROOK CLINIC	0	0	509,358	0	90.05
91.00 09100	EMERGENCY	31,289	31,289	18,198,543	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	706,965	706,965	183,846,719	-103,208,607	425,092,496
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,112	1,112	73,509	0	528,996
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,845	3,845	2,737,263	0	6,475,589

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140231

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

Worksheet B-1

Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
192.02 19202 RESEARCH	0	0	9,881	0	12,593	192.02
194.00 07950 LINDEN OAKS HOSPITAL	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)	29,719,167	-16,008	41,848,872		103,208,607	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	41.744976	0.000000	0.224190		0.238848	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			216,406		3,382,490	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001159		0.007828	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140231

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

Worksheet B-1

Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	442,885				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,839	2,829,156			8.00
9.00	00900	HOUSEKEEPING	3,623	0	476,723		9.00
10.00	01000	DIETARY	5,439	0	5,439	80,436	10.00
11.00	01100	CAFETERIA	13,864	0	13,864	0	6,896,180
13.00	01300	NURSING ADMINISTRATION	1,786	0	1,786	0	107,598
14.00	01400	CENTRAL SERVICES & SUPPLY	11,536	4,784	11,536	0	149,860
15.00	01500	PHARMACY	6,401	0	6,401	0	171,442
16.00	01600	MEDICAL RECORDS & LIBRARY	1,644	0	894	0	11,936
23.00	02300	PARAMED PRGM-EMS	2,378	69,591	2,378	0	17,446
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	126,671	1,005,575	126,671	69,130	1,872,246
31.00	03100	INTENSIVE CARE UNIT	12,442	96,107	12,442	5,407	235,197
32.00	03200	CORONARY CARE UNIT	30,001	106,667	30,001	5,899	232,485
35.00	02060	NICU	16,325	80,219	16,325	0	239,117
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
43.00	04300	NURSERY	7,053	109,603	7,053	0	112,176
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	42,097	160,175	42,097	0	303,622
50.02	03330	ENDOSCOPY	9,654	42,229	9,654	0	77,683
51.00	05100	RECOVERY ROOM	4,747	57,284	4,747	0	57,243
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,994	178,667	23,994	0	280,663
53.00	05300	ANESTHESIOLOGY	673	0	673	0	31,231
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,024	47,180	12,024	0	194,602
54.01	03630	ULTRASOUND	948	41,459	948	0	60,367
54.02	03440	WOMENS IMAGING CENTER	500	6,635	500	0	28,760
54.03	05401	SPECIAL PROCEDURES	1,401	7,744	1,401	0	40,716
54.04	05402	IMAGING CENTER	0	49,640	0	0	36,040
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,703	0	0	148,131
56.00	05600	RADIOISOTOPE	3,415	40,236	3,415	0	24,463
57.00	05700	CT SCAN	6,333	41,190	4,067	0	83,821
58.00	05800	MRI	3,215	39,610	3,215	0	38,930
59.00	05900	CARDIAC CATHETERIZATION	8,169	6,835	8,059	0	113,227
60.00	06000	LABORATORY	7,785	0	7,785	0	264,403
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	684	0	684	0	19,251
65.00	06500	RESPIRATORY THERAPY	2,756	0	2,756	0	175,588
66.00	06600	PHYSICAL THERAPY	195	57,042	195	0	165,712
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	23,571
69.00	06900	ELECTROCARDIOLOGY	12,263	885	22,401	0	114,079
69.01	03140	CARDIOLOGY OUTREACH	0	2,767	0	0	10,035
69.02	03290	EMG/NCV	0	0	0	0	1,736
70.00	07000	ELECTROENCEPHALOGRAPHY	0	34,420	0	0	75,162
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	14,060	62,561	14,060	0	128,657
76.97	07697	CARDIAC REHABILITATION	3,557	3,793	2,950	0	33,923
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	1,362	3,756	1,362	0	88,585
90.01	09001	WOUND OSTOMY	5,805	10,660	0	0	47,449
90.02	09002	URODYNAMICS	0	208,831	0	0	375,864
90.03	09003	PLAINFIELD CLINIC	0	16,500	0	0	49,692
90.04	09004	OSWEGO CLINIC	0	7,442	0	0	55,140
90.05	09005	BOLINGBROOK CLINIC	0	15,307	0	0	12,162
91.00	09100	EMERGENCY	31,289	188,658	31,289	0	507,888
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	437,928	2,825,755	433,066	80,436	6,817,899
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,112	0	1,112	0	3,929
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,845	3,401	3,845	0	74,352
192.02	19202	RESEARCH	0	0	0	0	0
194.00	07950	LINDEN OAKS HOSPITAL	0	0	38,700	0	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140231

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

Worksheet B-1

Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	53,977,285	777,606	7,942,855	3,242,681	5,536,238	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	121.876526	0.274854	16.661363	40.313802	0.802798	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,993,344	113,664	267,689	343,999	859,605	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	18.048351	0.040176	0.561519	4.276680	0.124649	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140231

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

Worksheet B-1

Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	PARAMED PRGM-EMS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	4,820,878					13.00
14.00	01400	0	79,675,515				14.00
15.00	01500	0	0	14,571,243			15.00
16.00	01600	0	0	0	2,801,114,053		16.00
23.00	02300	17,446	0	0	0	1,089	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,872,246	0	0	150,939,617	72	30.00
31.00	03100	235,197	0	0	24,061,839	16	31.00
32.00	03200	232,485	0	0	26,707,963	0	32.00
35.00	02060	239,117	0	0	20,074,198	0	35.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	112,176	0	0	7,011,200	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	303,622	0	0	132,114,043	16	50.00
50.02	03330	77,683	0	0	32,496,555	0	50.02
51.00	05100	57,243	0	0	25,880,989	0	51.00
52.00	05200	280,663	0	0	32,278,516	0	52.00
53.00	05300	31,231	0	0	57,862,185	0	53.00
54.00	05400	194,602	0	0	74,367,958	0	54.00
54.01	03630	60,367	0	0	45,635,392	0	54.01
54.02	03440	28,760	0	0	15,771,345	0	54.02
54.03	05401	0	0	0	13,872,777	0	54.03
54.04	05402	0	0	0	42,134,193	0	54.04
55.00	05500	0	0	0	158,820,355	0	55.00
56.00	05600	0	0	0	17,096,486	0	56.00
57.00	05700	83,821	0	0	164,697,636	0	57.00
58.00	05800	38,930	0	0	55,903,522	0	58.00
59.00	05900	0	0	0	117,061,076	0	59.00
60.00	06000	264,403	0	0	317,349,046	42	60.00
62.00	06200	19,251	0	0	16,024,852	0	62.00
65.00	06500	0	0	0	58,172,790	8	65.00
66.00	06600	0	0	0	45,069,926	0	66.00
68.00	06800	0	0	0	6,657,054	0	68.00
69.00	06900	0	0	0	104,734,103	0	69.00
69.01	03140	0	0	0	12,652,730	0	69.01
69.02	03290	0	0	0	1,507,824	0	69.02
70.00	07000	75,162	0	0	26,760,732	0	70.00
71.00	07100	0	33,021,616	0	80,624,425	0	71.00
72.00	07200	0	46,653,899	0	143,907,785	0	72.00
73.00	07300	0	0	14,571,243	127,899,114	0	73.00
75.00	07500	0	0	0	16,734,599	12	75.00
76.97	07697	0	0	0	8,667,704	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	88,585	0	0	6,003,911	0	90.00
90.01	09001	0	0	0	12,531,241	0	90.01
90.02	09002	0	0	0	289,700,059	0	90.02
90.03	09003	0	0	0	22,044,594	0	90.03
90.04	09004	0	0	0	16,022,720	0	90.04
90.05	09005	0	0	0	3,289,982	0	90.05
91.00	09100	507,888	0	0	269,971,017	923	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		4,820,878	79,675,515	14,571,243	2,801,114,053	1,089	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.02	19202	0	0	0	0	0	192.02
194.00	07950	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140231

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

Worksheet B-1

Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	PARAMED PRGM-EMS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	23.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,990,642	7,514,030	8,903,186	6,115,382	1,663,154	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.450077	0.094308	0.611011	0.002183	1,527.230487	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	167,518	753,632	462,579	137,943	158,039	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.034748	0.009459	0.031746	0.000049	145.123049	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140231

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	91,167,241		91,167,241	0	91,167,241	30.00
31.00	03100 INTENSIVE CARE UNIT	11,023,720		11,023,720	0	11,023,720	31.00
32.00	03200 CORONARY CARE UNIT	14,678,530		14,678,530	0	14,678,530	32.00
35.00	02060 NICU	13,360,342		13,360,342	0	13,360,342	35.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300 NURSERY	5,364,463		5,364,463	0	5,364,463	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	23,706,099		23,706,099	0	23,706,099	50.00
50.02	03330 ENDOSCOPY	4,722,251		4,722,251	0	4,722,251	50.02
51.00	05100 RECOVERY ROOM	3,467,402		3,467,402	0	3,467,402	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	15,352,577		15,352,577	13,239	15,365,816	52.00
53.00	05300 ANESTHESIOLOGY	3,751,630		3,751,630	0	3,751,630	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,624,475		7,624,475	0	7,624,475	54.00
54.01	03630 ULTRASOUND	2,700,226		2,700,226	0	2,700,226	54.01
54.02	03440 WOMENS IMAGING CENTER	1,767,141		1,767,141	0	1,767,141	54.02
54.03	05401 SPECIAL PROCEDURES	1,798,361		1,798,361	0	1,798,361	54.03
54.04	05402 IMAGING CENTER	2,376,439		2,376,439	0	2,376,439	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	34,652,047		34,652,047	0	34,652,047	55.00
56.00	05600 RADIOISOTOPE	3,125,146		3,125,146	0	3,125,146	56.00
57.00	05700 CT SCAN	5,397,619		5,397,619	0	5,397,619	57.00
58.00	05800 MRI	3,310,929		3,310,929	0	3,310,929	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,716,873		7,716,873	0	7,716,873	59.00
60.00	06000 LABORATORY	16,634,701		16,634,701	0	16,634,701	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	3,071,861		3,071,861	0	3,071,861	62.00
65.00	06500 RESPIRATORY THERAPY	5,798,510	0	5,798,510	0	5,798,510	65.00
66.00	06600 PHYSICAL THERAPY	8,459,955	0	8,459,955	0	8,459,955	66.00
68.00	06800 SPEECH PATHOLOGY	1,204,694	0	1,204,694	0	1,204,694	68.00
69.00	06900 ELECTROCARDIOLOGY	7,091,875		7,091,875	0	7,091,875	69.00
69.01	03140 RADIOLOGY OUTREACH	712,268		712,268	0	712,268	69.01
69.02	03290 EMG/NCV	53,267		53,267	0	53,267	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	9,563,891		9,563,891	0	9,563,891	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	44,458,537		44,458,537	0	44,458,537	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	62,511,070		62,511,070	0	62,511,070	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	27,233,945		27,233,945	0	27,233,945	73.00
75.00	07500 ASC (NON-DISTINCT PART)	8,465,604		8,465,604	0	8,465,604	75.00
76.97	07697 CARDIAC REHABILITATION	2,234,546		2,234,546	0	2,234,546	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	3,294,467		3,294,467	0	3,294,467	90.00
90.01	09001 WOUND OSTOMY	4,052,879		4,052,879	10,788	4,063,667	90.01
90.02	09002 URODYNAMICS	31,459,686		31,459,686	0	31,459,686	90.02
90.03	09003 PLAINFIELD CLINIC	2,272,678		2,272,678	0	2,272,678	90.03
90.04	09004 OSWEGO CLINIC	2,374,739		2,374,739	0	2,374,739	90.04
90.05	09005 BOLINGBROOK CLINIC	794,067		794,067	0	794,067	90.05
91.00	09100 EMERGENCY	26,423,007		26,423,007	0	26,423,007	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,584,725		10,584,725	0	10,584,725	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	535,814,483	0	535,814,483	24,027	535,838,510	200.00
201.00	Less Observation Beds	10,584,725		10,584,725		10,584,725	201.00
202.00	Total (see instructions)	525,229,758	0	525,229,758	24,027	525,253,785	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140231

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 am

		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	137,528,419		137,528,419			30.00
31.00	03100	INTENSIVE CARE UNIT	24,061,839		24,061,839			31.00
32.00	03200	CORONARY CARE UNIT	26,707,963		26,707,963			32.00
35.00	02060	NICU	20,074,198		20,074,198			35.00
40.00	04000	SUBPROVIDER - I/PF	0		0			40.00
43.00	04300	NURSERY	7,011,200		7,011,200			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	71,932,138	60,181,905	132,114,043	0.179437	0.000000	50.00
50.02	03330	ENDOSCOPY	7,959,499	24,537,056	32,496,555	0.145315	0.000000	50.02
51.00	05100	RECOVERY ROOM	9,600,838	16,280,151	25,880,989	0.133975	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,512,998	11,765,518	32,278,516	0.475628	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	20,596,486	37,265,699	57,862,185	0.064837	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,922,314	51,445,644	74,367,958	0.102524	0.000000	54.00
54.01	03630	ULTRASOUND	13,671,076	31,964,316	45,635,392	0.059170	0.000000	54.01
54.02	03440	WOMENS IMAGING CENTER	51,825	15,719,520	15,771,345	0.112048	0.000000	54.02
54.03	05401	SPECIAL PROCEDURES	7,750,616	6,122,161	13,872,777	0.129632	0.000000	54.03
54.04	05402	IMAGING CENTER	264,073	41,870,120	42,134,193	0.056402	0.000000	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	1,634,146	157,186,209	158,820,355	0.218184	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,366,859	14,729,627	17,096,486	0.182795	0.000000	56.00
57.00	05700	CT SCAN	54,233,172	110,464,464	164,697,636	0.032773	0.000000	57.00
58.00	05800	MRI	17,252,560	38,650,962	55,903,522	0.059226	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	44,309,619	72,751,457	117,061,076	0.065922	0.000000	59.00
60.00	06000	LABORATORY	108,551,111	208,797,935	317,349,046	0.052418	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,574,400	4,450,452	16,024,852	0.191694	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	51,897,433	6,275,357	58,172,790	0.099677	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	20,913,591	24,156,335	45,069,926	0.187707	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	3,855,089	2,801,965	6,657,054	0.180965	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	27,403,244	77,330,859	104,734,103	0.067713	0.000000	69.00
69.01	03140	CARDIOLOGY OUTREACH	68,325	12,584,405	12,652,730	0.056294	0.000000	69.01
69.02	03290	EMG/NCV	4,199	1,503,625	1,507,824	0.035327	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	9,520,919	17,239,813	26,760,732	0.357385	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	44,024,949	36,599,476	80,624,425	0.551428	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	89,646,196	54,261,589	143,907,785	0.434383	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,310,331	31,588,783	127,899,114	0.212933	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	4,666,151	12,068,448	16,734,599	0.505874	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	281,202	8,386,502	8,667,704	0.257801	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	33,652	5,970,259	6,003,911	0.548720	0.000000	90.00
90.01	09001	WOUND OSTOMY	782,181	11,749,060	12,531,241	0.323422	0.000000	90.01
90.02	09002	URODYNAMICS	14,120,072	275,579,987	289,700,059	0.108594	0.000000	90.02
90.03	09003	PLAINFIELD CLINIC	79,286	21,965,308	22,044,594	0.103095	0.000000	90.03
90.04	09004	OSWEGO CLINIC	126,776	15,895,944	16,022,720	0.148211	0.000000	90.04
90.05	09005	BOLINGBROOK CLINIC	5,691	3,284,291	3,289,982	0.241359	0.000000	90.05
91.00	09100	EMERGENCY	76,744,669	193,226,348	269,971,017	0.097873	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,215,755	12,195,443	13,411,198	0.789245	0.000000	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,072,267,060	1,728,846,993	2,801,114,053			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,072,267,060	1,728,846,993	2,801,114,053			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140231

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000				30.00
31.00	03100				31.00
32.00	03200				32.00
35.00	02060				35.00
40.00	04000				40.00
43.00	04300				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0.179437			50.00
50.02	03330	0.145315			50.02
51.00	05100	0.133975			51.00
52.00	05200	0.476038			52.00
53.00	05300	0.064837			53.00
54.00	05400	0.102524			54.00
54.01	03630	0.059170			54.01
54.02	03440	0.112048			54.02
54.03	05401	0.129632			54.03
54.04	05402	0.056402			54.04
55.00	05500	0.218184			55.00
56.00	05600	0.182795			56.00
57.00	05700	0.032773			57.00
58.00	05800	0.059226			58.00
59.00	05900	0.065922			59.00
60.00	06000	0.052418			60.00
62.00	06200	0.191694			62.00
65.00	06500	0.099677			65.00
66.00	06600	0.187707			66.00
68.00	06800	0.180965			68.00
69.00	06900	0.067713			69.00
69.01	03140	0.056294			69.01
69.02	03290	0.035327			69.02
70.00	07000	0.357385			70.00
71.00	07100	0.551428			71.00
72.00	07200	0.434383			72.00
73.00	07300	0.212933			73.00
75.00	07500	0.505874			75.00
76.97	07697	0.257801			76.97
76.98	07698	0.000000			76.98
76.99	07699	0.000000			76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	0.548720			90.00
90.01	09001	0.324283			90.01
90.02	09002	0.108594			90.02
90.03	09003	0.103095			90.03
90.04	09004	0.148211			90.04
90.05	09005	0.241359			90.05
91.00	09100	0.097873			91.00
92.00	09200	0.789245			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300				113.00
200.00					200.00
201.00					201.00
202.00					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140231

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		91,167,241		0	91,167,241	30.00
31.00	03100 INTENSIVE CARE UNIT		11,023,720		0	11,023,720	31.00
32.00	03200 CORONARY CARE UNIT		14,678,530		0	14,678,530	32.00
35.00	02060 NICU		13,360,342		0	13,360,342	35.00
40.00	04000 SUBPROVIDER - IPF		0		0	0	40.00
43.00	04300 NURSERY		5,364,463		0	5,364,463	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		23,706,099		0	23,706,099	50.00
50.02	03330 ENDOSCOPY		4,722,251		0	4,722,251	50.02
51.00	05100 RECOVERY ROOM		3,467,402		0	3,467,402	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		15,352,577		13,239	15,365,816	52.00
53.00	05300 ANESTHESIOLOGY		3,751,630		0	3,751,630	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,624,475		0	7,624,475	54.00
54.01	03630 ULTRASOUND		2,700,226		0	2,700,226	54.01
54.02	03440 WOMENS IMAGING CENTER		1,767,141		0	1,767,141	54.02
54.03	05401 SPECIAL PROCEDURES		1,798,361		0	1,798,361	54.03
54.04	05402 IMAGING CENTER		2,376,439		0	2,376,439	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC		34,652,047		0	34,652,047	55.00
56.00	05600 RADIOISOTOPE		3,125,146		0	3,125,146	56.00
57.00	05700 CT SCAN		5,397,619		0	5,397,619	57.00
58.00	05800 MRI		3,310,929		0	3,310,929	58.00
59.00	05900 CARDIAC CATHETERIZATION		7,716,873		0	7,716,873	59.00
60.00	06000 LABORATORY		16,634,701		0	16,634,701	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		3,071,861		0	3,071,861	62.00
65.00	06500 RESPIRATORY THERAPY	0	5,798,510		0	5,798,510	65.00
66.00	06600 PHYSICAL THERAPY	0	8,459,955		0	8,459,955	66.00
68.00	06800 SPEECH PATHOLOGY	0	1,204,694		0	1,204,694	68.00
69.00	06900 ELECTROCARDIOLOGY		7,091,875		0	7,091,875	69.00
69.01	03140 RADIOLOGY OUTREACH		712,268		0	712,268	69.01
69.02	03290 EMG/NCV		53,267		0	53,267	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY		9,563,891		0	9,563,891	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		44,458,537		0	44,458,537	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		62,511,070		0	62,511,070	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		27,233,945		0	27,233,945	73.00
75.00	07500 ASC (NON-DISTINCT PART)		8,465,604		0	8,465,604	75.00
76.97	07697 CARDIAC REHABILITATION		2,234,546		0	2,234,546	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0		0	0	76.98
76.99	07699 LI THOTRI PSY		0		0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		3,294,467		0	3,294,467	90.00
90.01	09001 WOUND OSTOMY		4,052,879		10,788	4,063,667	90.01
90.02	09002 URODYNAMICS		31,459,686		0	31,459,686	90.02
90.03	09003 PLAINFIELD CLINIC		2,272,678		0	2,272,678	90.03
90.04	09004 OSWEGO CLINIC		2,374,739		0	2,374,739	90.04
90.05	09005 BOLINGBROOK CLINIC		794,067		0	794,067	90.05
91.00	09100 EMERGENCY		26,423,007		0	26,423,007	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		10,584,725		0	10,584,725	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)		535,814,483	0		535,838,510	200.00
201.00	Less Observation Beds		10,584,725			10,584,725	201.00
202.00	Total (see instructions)		525,229,758	0	24,027	525,253,785	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140231

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	137,528,419		137,528,419		30.00
31.00	03100	INTENSIVE CARE UNIT	24,061,839		24,061,839		31.00
32.00	03200	CORONARY CARE UNIT	26,707,963		26,707,963		32.00
35.00	02060	NI CU	20,074,198		20,074,198		35.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
43.00	04300	NURSERY	7,011,200		7,011,200		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	71,932,138	60,181,905	132,114,043	0.179437	50.00
50.02	03330	ENDOSCOPY	7,959,499	24,537,056	32,496,555	0.145315	50.02
51.00	05100	RECOVERY ROOM	9,600,838	16,280,151	25,880,989	0.133975	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,512,998	11,765,518	32,278,516	0.475628	52.00
53.00	05300	ANESTHESIOLOGY	20,596,486	37,265,699	57,862,185	0.064837	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,922,314	51,445,644	74,367,958	0.102524	54.00
54.01	03630	ULTRASOUND	13,671,076	31,964,316	45,635,392	0.059170	54.01
54.02	03440	WOMENS IMAGING CENTER	51,825	15,719,520	15,771,345	0.112048	54.02
54.03	05401	SPECIAL PROCEDURES	7,750,616	6,122,161	13,872,777	0.129632	54.03
54.04	05402	IMAGING CENTER	264,073	41,870,120	42,134,193	0.056402	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	1,634,146	157,186,209	158,820,355	0.218184	55.00
56.00	05600	RADIOISOTOPE	2,366,859	14,729,627	17,096,486	0.182795	56.00
57.00	05700	CT SCAN	54,233,172	110,464,464	164,697,636	0.032773	57.00
58.00	05800	MRI	17,252,560	38,650,962	55,903,522	0.059226	58.00
59.00	05900	CARDIAC CATHETERIZATION	44,309,619	72,751,457	117,061,076	0.065922	59.00
60.00	06000	LABORATORY	108,551,111	208,797,935	317,349,046	0.052418	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,574,400	4,450,452	16,024,852	0.191694	62.00
65.00	06500	RESPIRATORY THERAPY	51,897,433	6,275,357	58,172,790	0.099677	65.00
66.00	06600	PHYSICAL THERAPY	20,913,591	24,156,335	45,069,926	0.187707	66.00
68.00	06800	SPEECH PATHOLOGY	3,855,089	2,801,965	6,657,054	0.180965	68.00
69.00	06900	ELECTROCARDIOLOGY	27,403,244	77,330,859	104,734,103	0.067713	69.00
69.01	03140	CARDIOLOGY OUTREACH	68,325	12,584,405	12,652,730	0.056294	69.01
69.02	03290	EMG/NCV	4,199	1,503,625	1,507,824	0.035327	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	9,520,919	17,239,813	26,760,732	0.357385	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	44,024,949	36,599,476	80,624,425	0.551428	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	89,646,196	54,261,589	143,907,785	0.434383	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,310,331	31,588,783	127,899,114	0.212933	73.00
75.00	07500	ASC (NON-DISTINCT PART)	4,666,151	12,068,448	16,734,599	0.505874	75.00
76.97	07697	CARDIAC REHABILITATION	281,202	8,386,502	8,667,704	0.257801	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHIOTRIpsy	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	33,652	5,970,259	6,003,911	0.548720	90.00
90.01	09001	WOUND OSTOMY	782,181	11,749,060	12,531,241	0.323422	90.01
90.02	09002	URODYNAMICS	14,120,072	275,579,987	289,700,059	0.108594	90.02
90.03	09003	PLAINFIELD CLINIC	79,286	21,965,308	22,044,594	0.103095	90.03
90.04	09004	OSWEGO CLINIC	126,776	15,895,944	16,022,720	0.148211	90.04
90.05	09005	BOLINGBROOK CLINIC	5,691	3,284,291	3,289,982	0.241359	90.05
91.00	09100	EMERGENCY	76,744,669	193,226,348	269,971,017	0.097873	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,215,755	12,195,443	13,411,198	0.789245	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,072,267,060	1,728,846,993	2,801,114,053		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,072,267,060	1,728,846,993	2,801,114,053		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140231

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NI CU			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.02	03330	ENDOSCOPY	0.000000		50.02
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
54.01	03630	ULTRASOUND	0.000000		54.01
54.02	03440	WOMENS IMAGING CENTER	0.000000		54.02
54.03	05401	SPECIAL PROCEDURES	0.000000		54.03
54.04	05402	IMAGING CENTER	0.000000		54.04
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	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 CELL	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000		69.01
69.02	03290	EMG/NCV	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOUND OSTOMY	0.000000		90.01
90.02	09002	URODYNAMICS	0.000000		90.02
90.03	09003	PLAINFIELD CLINIC	0.000000		90.03
90.04	09004	OSWEGO CLINIC	0.000000		90.04
90.05	09005	BOLINGBROOK CLINIC	0.000000		90.05
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140231		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part I Date/Time Prepared: 11/22/2016 5:44 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4) PPS	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,744,870	0	8,744,870	77,914	112.24	30.00
31.00	INTENSIVE CARE UNIT	875,613		875,613	5,836	150.04	31.00
32.00	CORONARY CARE UNIT	1,945,750		1,945,750	5,678	342.68	32.00
35.00	NICU	1,100,159		1,100,159	8,052	136.63	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	476,714		476,714	6,515	73.17	43.00
200.00	Total (Lines 30-199)	13,143,106		13,143,106	103,995		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	26,683	2,994,900				
31.00	INTENSIVE CARE UNIT	2,581	387,253				
32.00	CORONARY CARE UNIT	2,577	883,086				
35.00	NICU	0	0				
40.00	SUBPROVIDER - IPF	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	31,841	4,265,239				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part II Date/Time Prepared: 11/22/2016 5:44 am
--	--	----------------------	---	---

Cost Center Description		Capital	Total Charges	Ratio of Cost	Inpatient	Capital Costs	
		Related Cost (from Wkst. B, Part II, col. 26)	(from Wkst. C, Part I, col. 8)	to Charges (col. 1 ÷ col. 2)	Program Charges	(column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,717,145	132,114,043	0.020567	26,369,388	542,339	50.00
50.02	03330 ENDOSCOPY	619,995	32,496,555	0.019079	3,655,895	69,751	50.02
51.00	05100 RECOVERY ROOM	317,449	25,880,989	0.012266	3,238,345	39,722	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,580,209	32,278,516	0.048955	19,206	940	52.00
53.00	05300 ANESTHESIOLOGY	70,863	57,862,185	0.001225	6,654,452	8,152	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	799,458	74,367,958	0.010750	9,935,921	106,811	54.00
54.01	03630 ULTRASOUND	87,106	45,635,392	0.001909	5,619,279	10,727	54.01
54.02	03440 WOMENS IMAGING CENTER	47,026	15,771,345	0.002982	14,725	44	54.02
54.03	05401 SPECIAL PROCEDURES	101,453	13,872,777	0.007313	3,263,939	23,869	54.03
54.04	05402 IMAGING CENTER	24,162	42,134,193	0.000573	134,748	77	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	249,322	158,820,355	0.001570	671,425	1,054	55.00
56.00	05600 RADIOISOTOPE	228,809	17,096,486	0.013383	1,038,461	13,898	56.00
57.00	05700 CT SCAN	431,696	164,697,636	0.002621	21,506,339	56,368	57.00
58.00	05800 MRI	222,412	55,903,522	0.003978	5,657,765	22,507	58.00
59.00	05900 CARDIAC CATHETERIZATION	556,534	117,061,076	0.004754	18,588,179	88,368	59.00
60.00	06000 LABORATORY	623,834	317,349,046	0.001966	44,015,980	86,535	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	63,912	16,024,852	0.003988	4,451,619	17,753	62.00
65.00	06500 RESPIRATORY THERAPY	227,268	58,172,790	0.003907	20,932,971	81,785	65.00
66.00	06600 PHYSICAL THERAPY	94,410	45,069,926	0.002095	10,663,612	22,340	66.00
68.00	06800 SPEECH PATHOLOGY	11,549	6,657,054	0.001735	2,030,996	3,524	68.00
69.00	06900 ELECTROCARDIOLOGY	799,967	104,734,103	0.007638	10,040,069	76,686	69.00
69.01	03140 RADIOLOGY OUTREACH	6,681	12,652,730	0.000528	30,290	16	69.01
69.02	03290 EMG/NCV	638	1,507,824	0.000423	704	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	75,169	26,760,732	0.002809	2,315,122	6,503	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	576,462	80,624,425	0.007150	16,371,366	117,055	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	813,539	143,907,785	0.005653	39,202,821	221,614	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	582,910	127,899,114	0.004558	40,619,750	185,145	73.00
75.00	07500 ASC (NON-DISTINCT PART)	912,234	16,734,599	0.054512	2,045,341	111,496	75.00
76.97	07697 CARDIAC REHABILITATION	231,065	8,667,704	0.026658	141,839	3,781	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	117,235	6,003,911	0.019526	23,299	455	90.00
90.01	09001 WOUND OSTOMY	376,495	12,531,241	0.030045	596,605	17,925	90.01
90.02	09002 URODYNAMICS	273,647	289,700,059	0.000945	3,467,922	3,277	90.02
90.03	09003 PLAINFIELD CLINIC	24,386	22,044,594	0.001106	27,810	31	90.03
90.04	09004 OSWEGO CLINIC	25,531	16,022,720	0.001593	37,232	59	90.04
90.05	09005 BOLINGBROOK CLINIC	7,766	3,289,982	0.002360	1,335	3	90.05
91.00	09100 EMERGENCY	2,130,682	269,971,017	0.007892	27,081,233	213,725	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,015,297	13,411,198	0.075705	715,479	54,165	92.00
200.00	Total (lines 50-199)	17,044,316	2,585,730,434		331,181,462	2,208,500	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part III Date/Time Prepared: 11/22/2016 5:44 am
---	----------------------	---	--

Cost Center Description			Title XVIII				Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	109,961	0	0	109,961		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	24,436	0	0	24,436		31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0		32.00	
35.00	02060	NI CU	0	0	0	0	0		35.00	
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0		40.00	
43.00	04300	NURSERY	0	0	0	0	0		43.00	
200.00		Total (lines 30-199)	0	134,397	0	0	134,397		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	77,914	1.41	26,683	37,623			30.00	
31.00	03100	INTENSIVE CARE UNIT	5,836	4.19	2,581	10,814			31.00	
32.00	03200	CORONARY CARE UNIT	5,678	0.00	2,577	0			32.00	
35.00	02060	NI CU	8,052	0.00	0	0			35.00	
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0			40.00	
43.00	04300	NURSERY	6,515	0.00	0	0			43.00	
200.00		Total (lines 30-199)	103,995		31,841	48,437			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 5:44 am
--	----------------------	---------------------------------------	--

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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	24,436	0	24,436	50.00
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
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	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	64,144	0	64,144	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	12,218	0	12,218	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	18,327	0	18,327	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND OSTOMY	0	0	0	0	0	90.01
90.02	09002	URODYNAMICS	0	0	0	0	0	90.02
90.03	09003	PLAINFIELD CLINIC	0	0	0	0	0	90.03
90.04	09004	OSWEGO CLINIC	0	0	0	0	0	90.04
90.05	09005	BOLINGBROOK CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	1,409,632	0	1,409,632	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	12,765	0	12,765	92.00
200.00		Total (lines 50-199)	0	0	1,541,522	0	1,541,522	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 5:44 am
--	----------------------	---------------------------------------	--

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	24,436	132,114,043	0.000185	0.000185	26,369,388	50.00
50.02	03330 ENDOSCOPY	0	32,496,555	0.000000	0.000000	3,655,895	50.02
51.00	05100 RECOVERY ROOM	0	25,880,989	0.000000	0.000000	3,238,345	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	32,278,516	0.000000	0.000000	19,206	52.00
53.00	05300 ANESTHESIOLOGY	0	57,862,185	0.000000	0.000000	6,654,452	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	74,367,958	0.000000	0.000000	9,935,921	54.00
54.01	03630 ULTRASOUND	0	45,635,392	0.000000	0.000000	5,619,279	54.01
54.02	03440 WOMENS IMAGING CENTER	0	15,771,345	0.000000	0.000000	14,725	54.02
54.03	05401 SPECIAL PROCEDURES	0	13,872,777	0.000000	0.000000	3,263,939	54.03
54.04	05402 IMAGING CENTER	0	42,134,193	0.000000	0.000000	134,748	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0	158,820,355	0.000000	0.000000	671,425	55.00
56.00	05600 RADIOISOTOPE	0	17,096,486	0.000000	0.000000	1,038,461	56.00
57.00	05700 CT SCAN	0	164,697,636	0.000000	0.000000	21,506,339	57.00
58.00	05800 MRI	0	55,903,522	0.000000	0.000000	5,657,765	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	117,061,076	0.000000	0.000000	18,588,179	59.00
60.00	06000 LABORATORY	64,144	317,349,046	0.000202	0.000202	44,015,980	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	16,024,852	0.000000	0.000000	4,451,619	62.00
65.00	06500 RESPIRATORY THERAPY	12,218	58,172,790	0.000210	0.000210	20,932,971	65.00
66.00	06600 PHYSICAL THERAPY	0	45,069,926	0.000000	0.000000	10,663,612	66.00
68.00	06800 SPEECH PATHOLOGY	0	6,657,054	0.000000	0.000000	2,030,996	68.00
69.00	06900 ELECTROCARDIOLOGY	0	104,734,103	0.000000	0.000000	10,040,069	69.00
69.01	03140 RADIOLOGY OUTREACH	0	12,652,730	0.000000	0.000000	30,290	69.01
69.02	03290 EMG/NCV	0	1,507,824	0.000000	0.000000	704	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	26,760,732	0.000000	0.000000	2,315,122	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	80,624,425	0.000000	0.000000	16,371,366	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	143,907,785	0.000000	0.000000	39,202,821	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	127,899,114	0.000000	0.000000	40,619,750	73.00
75.00	07500 ASC (NON-DISTINCT PART)	18,327	16,734,599	0.001095	0.001095	2,045,341	75.00
76.97	07697 CARDIAC REHABILITATION	0	8,667,704	0.000000	0.000000	141,839	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRIPTY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	6,003,911	0.000000	0.000000	23,299	90.00
90.01	09001 WOUND OSTOMY	0	12,531,241	0.000000	0.000000	596,605	90.01
90.02	09002 URODYNAMICS	0	289,700,059	0.000000	0.000000	3,467,922	90.02
90.03	09003 PLAINFIELD CLINIC	0	22,044,594	0.000000	0.000000	27,810	90.03
90.04	09004 OSWEGO CLINIC	0	16,022,720	0.000000	0.000000	37,232	90.04
90.05	09005 BOLINGBROOK CLINIC	0	3,289,982	0.000000	0.000000	1,335	90.05
91.00	09100 EMERGENCY	1,409,632	269,971,017	0.005221	0.005221	27,081,233	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	12,765	13,411,198	0.000952	0.000952	715,479	92.00
200.00	Total (lines 50-199)	1,541,522	2,585,730,434			331,181,462	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 5:44 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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	4,878	8,024,265	1,484	50.00
50.02	03330 ENDOSCOPY	0	7,003,261	0	50.02
51.00	05100 RECOVERY ROOM	0	2,526,088	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,629	0	52.00
53.00	05300 ANESTHESIOLOGY	0	7,462,291	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	9,509,417	0	54.00
54.01	03630 ULTRASOUND	0	6,259,612	0	54.01
54.02	03440 WOMENS IMAGING CENTER	0	1,525,725	0	54.02
54.03	05401 SPECIAL PROCEDURES	0	2,774,682	0	54.03
54.04	05402 IMAGING CENTER	0	8,586,132	0	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0	56,364,347	0	55.00
56.00	05600 RADIOISOTOPE	0	5,255,917	0	56.00
57.00	05700 CT SCAN	0	32,672,602	0	57.00
58.00	05800 MRI	0	8,861,086	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	32,065,256	0	59.00
60.00	06000 LABORATORY	8,891	29,619,166	5,983	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,114,324	0	62.00
65.00	06500 RESPIRATORY THERAPY	4,396	1,491,122	313	65.00
66.00	06600 PHYSICAL THERAPY	0	349,568	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	66,767	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	23,367,421	0	69.00
69.01	03140 CARDIOLOGY OUTREACH	0	3,849,102	0	69.01
69.02	03290 EMG/NCV	0	216,522	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,768,766	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,684,336	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	22,861,265	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,631,773	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	2,240	2,952,680	3,233	75.00
76.97	07697 CARDIAC REHABILITATION	0	3,652,292	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRIPSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	948,492	0	90.00
90.01	09001 WOUND OSTOMY	0	3,676,824	0	90.01
90.02	09002 URODYNAMICS	0	49,675,531	0	90.02
90.03	09003 PLAINFIELD CLINIC	0	1,818,734	0	90.03
90.04	09004 OSWEGO CLINIC	0	613,270	0	90.04
90.05	09005 BOLINGBROOK CLINIC	0	99,952	0	90.05
91.00	09100 EMERGENCY	141,391	28,639,639	149,528	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	681	5,173,511	4,925	92.00
200.00	Total (lines 50-199)	162,477	388,169,367	165,466	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 5:44 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.179437	8,024,265	0	24	1,439,850	50.00
50.02	03330	ENDOSCOPY	0.145315	7,003,261	1	2	1,017,679	50.02
51.00	05100	RECOVERY ROOM	0.133975	2,526,088	0	0	338,433	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.475628	7,629	0	0	3,629	52.00
53.00	05300	ANESTHESIOLOGY	0.064837	7,462,291	8	16	483,833	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102524	9,509,417	420	124	974,943	54.00
54.01	03630	ULTRASOUND	0.059170	6,259,612	0	0	370,381	54.01
54.02	03440	WOMENS IMAGING CENTER	0.112048	1,525,725	91	0	170,954	54.02
54.03	05401	SPECIAL PROCEDURES	0.129632	2,774,682	0	242	359,688	54.03
54.04	05402	IMAGING CENTER	0.056402	8,586,132	9	900	484,275	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.218184	56,364,347	9	95,684	12,297,799	55.00
56.00	05600	RADIOISOTOPE	0.182795	5,255,917	1	33	960,755	56.00
57.00	05700	CT SCAN	0.032773	32,672,602	0	9,291	1,070,779	57.00
58.00	05800	MRI	0.059226	8,861,086	0	1,907	524,807	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.065922	32,065,256	2	4,276	2,113,806	59.00
60.00	06000	LABORATORY	0.052418	29,619,166	30,096	0	1,552,577	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.191694	1,114,324	0	1	213,609	62.00
65.00	06500	RESPIRATORY THERAPY	0.099677	1,491,122	3	11	148,631	65.00
66.00	06600	PHYSICAL THERAPY	0.187707	349,568	0	0	65,616	66.00
68.00	06800	SPEECH PATHOLOGY	0.180965	66,767	0	0	12,082	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067713	23,367,421	46	670	1,582,278	69.00
69.01	03140	CARDIOLOGY OUTREACH	0.056294	3,849,102	16	101	216,681	69.01
69.02	03290	EMG/NCV	0.035327	216,522	0	0	7,649	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.357385	3,768,766	1	168	1,346,900	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.551428	9,684,336	0	0	5,340,214	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.434383	22,861,265	0	0	9,930,545	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.212933	5,631,773	0	59,907	1,199,190	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.505874	2,952,680	1	0	1,493,684	75.00
76.97	07697	CARDIAC REHABILITATION	0.257801	3,652,292	0	0	941,565	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.548720	948,492	14	0	520,457	90.00
90.01	09001	WOUND OSTOMY	0.323422	3,676,824	0	597	1,189,166	90.01
90.02	09002	URODYNAMICS	0.108594	49,675,531	216	46,877	5,394,465	90.02
90.03	09003	PLAINFILM CLINIC	0.103095	1,818,734	21	241	187,502	90.03
90.04	09004	OSWEGO CLINIC	0.148211	613,270	1	0	90,893	90.04
90.05	09005	BOLINGBROOK CLINIC	0.241359	99,952	0	0	24,124	90.05
91.00	09100	EMERGENCY	0.097873	28,639,639	2	0	2,803,047	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.789245	5,173,511	1	1	4,083,168	92.00
200.00		Subtotal (see instructions)		388,169,367	30,959	221,073	60,955,654	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		388,169,367	30,959	221,073	60,955,654	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 5:44 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	4	50.00
50.02	03330 ENDOSCOPY	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1	1	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	43	13	54.00
54.01	03630 ULTRASOUND	0	0	54.01
54.02	03440 WOMENS IMAGING CENTER	10	0	54.02
54.03	05401 SPECIAL PROCEDURES	0	31	54.03
54.04	05402 IMAGING CENTER	1	51	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	2	20,877	55.00
56.00	05600 RADIOISOTOPE	0	6	56.00
57.00	05700 CT SCAN	0	304	57.00
58.00	05800 MRI	0	113	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	282	59.00
60.00	06000 LABORATORY	1,578	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	1	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3	45	69.00
69.01	03140 RADIOLOGY OUTREACH	1	6	69.01
69.02	03290 EMG/NCV	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	60	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	12,756	73.00
75.00	07500 ASC (NON-DISTINCT PART)	1	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	8	0	90.00
90.01	09001 WOUND OSTOMY	0	193	90.01
90.02	09002 URODYNAMICS	23	5,091	90.02
90.03	09003 PLAINFIELD CLINIC	2	25	90.03
90.04	09004 OSWEGO CLINIC	0	0	90.04
90.05	09005 BOLINGBROOK CLINIC	0	0	90.05
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1	1	92.00
200.00	Subtotal (see instructions)	1,674	39,860	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	1,674	39,860	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140231		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 11/22/2016 5:44 am	
Title XIX			Hospital		Cost			
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	109,961	0	0	109,961	30.00
31.00	03100	INTENSIVE CARE UNIT	0	24,436	0	0	24,436	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NI CU	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	134,397	0	0	134,397	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	77,914	1.41	1,375	1,939		30.00
31.00	03100	INTENSIVE CARE UNIT	5,836	4.19	136	570		31.00
32.00	03200	CORONARY CARE UNIT	5,678	0.00	128	0		32.00
35.00	02060	NI CU	8,052	0.00	548	0		35.00
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0		40.00
43.00	04300	NURSERY	6,515	0.00	271	0		43.00
200.00		Total (lines 30-199)	103,995		2,458	2,509		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140231

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	24,436	0	24,436	50.00	
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01	
54.02	03440	WOMENS IMAGING CENTER	0	0	0	0	0	54.02	
54.03	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.03	
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04	
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	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	64,144	0	64,144	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0	0	12,218	0	12,218	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01	
69.02	03290	EMG/NCV	0	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	18,327	0	18,327	75.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRI PSY	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	WOUND OSTOMY	0	0	0	0	0	90.01	
90.02	09002	URODYNAMICS	0	0	0	0	0	90.02	
90.03	09003	PLAINFIELD CLINIC	0	0	0	0	0	90.03	
90.04	09004	OSWEGO CLINIC	0	0	0	0	0	90.04	
90.05	09005	BOLINGBROOK CLINIC	0	0	0	0	0	90.05	
91.00	09100	EMERGENCY	0	0	1,409,632	0	1,409,632	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00		Total (lines 50-199)	0	0	1,528,757	0	1,528,757	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140231

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		Title XIX			Hospital		Inpatient Program Charges	Cost
		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)			
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	24,436	132,114,043	0.000185	0.000185	0	50.00
50.02	03330	ENDOSCOPY	0	32,496,555	0.000000	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0	25,880,989	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	32,278,516	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	57,862,185	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	74,367,958	0.000000	0.000000	0	54.00
54.01	03630	ULTRASOUND	0	45,635,392	0.000000	0.000000	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	15,771,345	0.000000	0.000000	0	54.02
54.03	05401	SPECIAL PROCEDURES	0	13,872,777	0.000000	0.000000	0	54.03
54.04	05402	IMAGING CENTER	0	42,134,193	0.000000	0.000000	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	158,820,355	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	17,096,486	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	164,697,636	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	55,903,522	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	117,061,076	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	64,144	317,349,046	0.000202	0.000202	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	16,024,852	0.000000	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	12,218	58,172,790	0.000210	0.000210	0	65.00
66.00	06600	PHYSICAL THERAPY	0	45,069,926	0.000000	0.000000	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	6,657,054	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	104,734,103	0.000000	0.000000	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	12,652,730	0.000000	0.000000	0	69.01
69.02	03290	EMG/NCV	0	1,507,824	0.000000	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	26,760,732	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	80,624,425	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	143,907,785	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	127,899,114	0.000000	0.000000	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	18,327	16,734,599	0.001095	0.001095	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	8,667,704	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	6,003,911	0.000000	0.000000	0	90.00
90.01	09001	WOUND OSTOMY	0	12,531,241	0.000000	0.000000	0	90.01
90.02	09002	URODYNAMICS	0	289,700,059	0.000000	0.000000	0	90.02
90.03	09003	PLAINFIELD CLINIC	0	22,044,594	0.000000	0.000000	0	90.03
90.04	09004	OSWEGO CLINIC	0	16,022,720	0.000000	0.000000	0	90.04
90.05	09005	BOLINGBROOK CLINIC	0	3,289,982	0.000000	0.000000	0	90.05
91.00	09100	EMERGENCY	1,409,632	269,971,017	0.005221	0.005221	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,411,198	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	1,528,757	2,585,730,434			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140231

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/22/2016 5:44 am

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)	Hospital	Cost
			11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0		50.00
50.02	03330	ENDOSCOPY	0	0	0		50.02
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
54.01	03630	ULTRASOUND	0	0	0		54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0		54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0		54.03
54.04	05402	IMAGING CENTER	0	0	0		54.04
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	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 CELL	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
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0		69.01
69.02	03290	EMG/NCV	0	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	WOUND OSTOMY	0	0	0		90.01
90.02	09002	URODYNAMICS	0	0	0		90.02
90.03	09003	PLAINFIELD CLINIC	0	0	0		90.03
90.04	09004	OSWEGO CLINIC	0	0	0		90.04
90.05	09005	BOLINGBROOK CLINIC	0	0	0		90.05
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/22/2016 5:44 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		77,914	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		77,914	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)		68,868	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		26,683	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
<b>SWING BED ADJUSTMENT</b>				
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)		91,167,241	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)		91,167,241	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		91,167,241	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,170.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		31,221,778	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)		31,221,778	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140231		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,023,720	5,836	1,888.92	2,581	4,875,303	43.00
44.00	CORONARY CARE UNIT	14,678,530	5,678	2,585.16	2,577	6,661,957	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NICU	13,360,342	8,052	1,659.26	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					59,231,706	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					101,990,744	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,313,676	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,370,977	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,684,653	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					95,306,091	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)					9,046	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,170.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,584,725	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140231		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 5:44 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)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,744,870	91,167,241	0.095921	10,584,725	1,015,297	90.00
91.00	Nursing School cost	0	91,167,241	0.000000	10,584,725	0	91.00
92.00	Allied health cost	109,961	91,167,241	0.001206	10,584,725	12,765	92.00
93.00	All other Medical Education	0	91,167,241	0.000000	10,584,725	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/22/2016 5:44 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		77,914	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		77,914	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)		68,868	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,375	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)		6,515	15.00
16.00	Nursery days (title V or XIX only)		271	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		91,167,241	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)		91,167,241	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		91,167,241	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,170.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,608,888	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,608,888	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140231		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/22/2016 5:44 am	
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)	5,364,463	6,515	823.40	271	223,141	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,023,720	5,836	1,888.92	136	256,893	43.00
44.00	CORONARY CARE UNIT	14,678,530	5,678	2,585.16	128	330,900	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NICU	13,360,342	8,052	1,659.26	548	909,274	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0 48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,329,096	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,046	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,170.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,584,725	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140231

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

Worksheet D-1

Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Title XIX Hospital Cost		
				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	8,744,870	91,167,241	0.095921	10,584,725	1,015,297	90.00
91.00 Nursing School cost	0	91,167,241	0.000000	10,584,725	0	91.00
92.00 Allied health cost	109,961	91,167,241	0.001206	10,584,725	12,765	92.00
93.00 All other Medical Education	0	91,167,241	0.000000	10,584,725	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/22/2016 5:44 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		54,261,595	30.00
31.00	03100	INTENSIVE CARE UNIT		11,070,174	31.00
32.00	03200	CORONARY CARE UNIT		11,745,600	32.00
35.00	02060	NICU		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.179437	26,369,388	50.00
50.02	03330	ENDOSCOPY	0.145315	3,655,895	50.02
51.00	05100	RECOVERY ROOM	0.133975	3,238,345	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.476038	19,206	52.00
53.00	05300	ANESTHESIOLOGY	0.064837	6,654,452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102524	9,935,921	54.00
54.01	03630	ULTRASOUND	0.059170	5,619,279	54.01
54.02	03440	WOMENS IMAGING CENTER	0.112048	14,725	54.02
54.03	05401	SPECIAL PROCEDURES	0.129632	3,263,939	54.03
54.04	05402	IMAGING CENTER	0.056402	134,748	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.218184	671,425	55.00
56.00	05600	RADIOISOTOPE	0.182795	1,038,461	56.00
57.00	05700	CT SCAN	0.032773	21,506,339	57.00
58.00	05800	MRI	0.059226	5,657,765	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.065922	18,588,179	59.00
60.00	06000	LABORATORY	0.052418	44,015,980	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.191694	4,451,619	62.00
65.00	06500	RESPIRATORY THERAPY	0.099677	20,932,971	65.00
66.00	06600	PHYSICAL THERAPY	0.187707	10,663,612	66.00
68.00	06800	SPEECH PATHOLOGY	0.180965	2,030,996	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067713	10,040,069	69.00
69.01	03140	CARDIOLOGY OUTREACH	0.056294	30,290	69.01
69.02	03290	EMG/NCV	0.035327	704	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.357385	2,315,122	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.551428	16,371,366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.434383	39,202,821	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.212933	40,619,750	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.505874	2,045,341	75.00
76.97	07697	CARDIAC REHABILITATION	0.257801	141,839	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.548720	23,299	90.00
90.01	09001	WOUND OSTOMY	0.324283	596,605	90.01
90.02	09002	URODYNAMICS	0.108594	3,467,922	90.02
90.03	09003	PLAINFIELD CLINIC	0.103095	27,810	90.03
90.04	09004	OSWEGO CLINIC	0.148211	37,232	90.04
90.05	09005	BOLINGBROOK CLINIC	0.241359	1,335	90.05
91.00	09100	EMERGENCY	0.097873	27,081,233	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.789245	715,479	92.00
200.00		Total (sum of lines 50-94 and 96-98)		331,181,462	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)		331,181,462	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 5:44 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		16,914,502	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		50,743,506	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)		3,494,952	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		273.28	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.17	30.00
31.00	Percentage of Medicaid patient days (see instructions)		7.07	31.00
32.00	Sum of lines 30 and 31		8.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 5:44 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000224423	0.000216184	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	0	0	36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
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)	71,152,960		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		71,152,960	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,819,641	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		150,469	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		48,437	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		162,477	58.00
59.00	Total (sum of amounts on lines 49 through 58)		77,333,984	59.00
60.00	Primary payer payments		48,957	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		77,285,027	61.00
62.00	Deductibles billed to program beneficiaries		6,167,728	62.00
63.00	Coinurance billed to program beneficiaries		208,614	63.00
64.00	Allowable bad debts (see instructions)		688,869	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		447,765	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		381,282	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		71,356,450	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-21,798	70.93
70.94	HRR adjustment amount (see instructions)		-393,812	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 5:44 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	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			589,192	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			70,351,648	71.00
71.01	Sequestration adjustment (see instructions)			1,407,033	71.01
72.00	Interim payments			69,101,558	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)			-156,943	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			143,374	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
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	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
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
<b>HRR Adjustment for HSP Bonus Payment</b>					
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: 140231

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/22/2016 5:44 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	16,914,502	0	16,914,502		16,914,502	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	50,743,506	0		67,658,008	67,658,008	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	3,494,952	0	0	3,494,952	3,494,952	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	71,152,960	0	16,914,502	54,238,458	71,152,960	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	71,152,960	0	16,914,502	54,238,458	71,152,960	15.00
16.00	Payment for inpatient program capital	50.00	5,819,641	0	0	5,819,641	5,819,641	16.00
17.00	Special add-on payments for new technologies	54.00	150,469	0	0	150,469	150,469	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140231

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/22/2016 5:44 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	16,914,502	60,208,568	77,123,070	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	5,422,924	0	0	5,422,924	5,422,924	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	305,612	0	0	305,612	305,612	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0168	0.0168	0.0168	0.0168		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	91,105	0	0	91,105	91,105	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,819,641	0	0	5,819,641	5,819,641	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: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/22/2016 5:44 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 s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	16,914,502	16,914,502		16,914,502	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	50,743,506		50,743,506	50,743,506	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,494,952	873,738	2,621,214	3,494,952	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	71,152,960	17,788,240	53,364,720	71,152,960	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	71,152,960	17,788,240	53,364,720	71,152,960	15.00
16.00	Payment for inpatient program capital	50.00	5,819,641	0	5,819,641	5,819,641	16.00
17.00	Special add-on payments for new technologies	54.00	150,469	0	150,469	150,469	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			17,788,240	59,334,830	77,123,070	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140231

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/22/2016 5:44 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	5,422,924	0	5,422,924	5,422,924	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	305,612	0	305,612	305,612	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0168	0.0168	0.0168		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	91,105	0	91,105	91,105	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	5,819,641	0	5,819,641	5,819,641	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	-21,798	0	-21,798	-21,798	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	-393,812	0	-393,812	-393,812	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	589,192	589,192	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/22/2016 5:44 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		41,534	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		60,790,188	2.00
3.00	PPS payments		49,756,800	3.00
4.00	Outlier payment (see instructions)		187,211	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		165,466	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		41,534	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		252,032	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		252,032	14.00
<b>Customary charges</b>				
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)		252,032	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		210,498	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)		41,534	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)		50,109,477	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		9,497,782	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)		40,653,229	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)		40,653,229	30.00
31.00	Primary payer payments		5,589	31.00
32.00	Subtotal (line 30 minus line 31)		40,647,640	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		876,948	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		570,016	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		592,493	36.00
37.00	Subtotal (see instructions)		41,217,656	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-699	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)		16,334	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		41,218,355	40.00
40.01	Sequestration adjustment (see instructions)		824,367	40.01
41.00	Interim payments		40,404,708	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-10,720	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140231

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/22/2016 5:44 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		68,311,452		39,684,670	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		790,106		720,038	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)		69,101,558		40,404,708	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		156,943		10,720	6.02	
7.00	Total Medicare program liability (see instructions)		68,944,615		40,393,988	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: 140231

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
11/22/2016 5:44 am

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			22,139 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			31,841 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			7,024 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			88,434 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			2,801,114,053 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			48,290,851 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)			1,385,873 8.00
9.00	Sequestration adjustment amount (see instructions)			27,717 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,358,156 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,464,654 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)			-106,498 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/22/2016 5:44 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		3,329,096		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,329,096	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,329,096	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		3,329,096	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		3,329,096	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 140231

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

Worksheet G

Date/Time Prepared:  
11/22/2016 5:44 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-72,555,799	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	138,250,971	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	10,242,481	0	0	0	7.00
8.00	Prepaid expenses	5,169,333	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	81,106,986	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	10,325,443	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	483,053,917	0	0	0	15.00
16.00	Accumulated depreciation	-409,858,745	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	271,397,576	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	354,918,191	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	451,380,146	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	66,495,869	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	517,876,015	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	953,901,192	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	15,724,843	0	0	0	37.00
38.00	Salaries, wages, and fees payable	48,212,540	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,335,000	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	126,965,703	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	197,238,086	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	243,037,853	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	49,024,781	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	292,062,634	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	489,300,720	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	464,600,472				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	464,600,472	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	953,901,192	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140231

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

Worksheet G-1

Date/Time Prepared:  
11/22/2016 5:44 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		459,132,014		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,705,611			2.00
3.00	Total (sum of line 1 and line 2)		461,837,625		0	3.00
4.00	TRANSFERS	2,762,847		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)		2,762,847		0	10.00
11.00	Subtotal (line 3 plus line 10)		464,600,472		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)		464,600,472		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	TRANSFERS		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: 140231

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/22/2016 5:44 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	138,730,665		138,730,665	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	138,730,665		138,730,665	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	24,062,883		24,062,883	11.00
12.00	CORONARY CARE UNIT	26,717,125		26,717,125	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NICU	20,074,198		20,074,198	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	70,854,206		70,854,206	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	209,584,871		209,584,871	17.00
18.00	Ancillary services	855,670,987	1,730,457,282	2,586,128,269	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	7,011,200	0	7,011,200	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,072,267,058	1,730,457,282	2,802,724,340	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		581,043,749		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		581,043,749		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140231

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

Worksheet G-3

Date/Time Prepared:  
11/22/2016 5:44 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,802,724,340	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,210,183,224	2.00
3.00	Net patient revenues (line 1 minus line 2)	592,541,116	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	581,043,749	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,497,367	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	695,389	6.00
7.00	Income from investments	-28,687,036	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,168,678	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	311,177	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,014,977	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEANINGFUL USE	1,707,477	24.00
24.01	IHP DISTRIBUTIONS	1,878,392	24.01
24.02	CLINICAL INTEGRATION	545,617	24.02
24.03	CLINICAL TRIALS	553,647	24.03
24.04	PERINATAL HEALTH PROMOTIONS	77,220	24.04
24.05	LABORATORY OTHER REVENUE	3,273,611	24.05
24.06	SIMULATION AND TRAINING	218,063	24.06
24.07	CARDIOGRAPHICS OTHER REVENUE	0	24.07
24.08	OUTPATIENT PHARMACY	2,194,769	24.08
24.09	OCCUPATIONAL HEALTH	1,018,360	24.09
24.10	OFFSITE OTHER OPERATING INCOME	0	24.10
24.11	ER TRAUMA	155,417	24.11
24.12	OTHER REVENUE	4,082,487	24.12
25.00	Total other income (sum of lines 6-24)	-8,791,755	25.00
26.00	Total (line 5 plus line 25)	2,705,612	26.00
27.00	ROUNDING	1	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,705,611	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140231	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/22/2016 5:44 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		5,422,924	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		305,612	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)		241.62	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.17	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		7.07	8.00
9.00	Sum of lines 7 and 8		8.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.68	10.00
11.00	Disproportionate share adjustment (see instructions)		91,105	11.00
12.00	Total prospective capital payments (see instructions)		5,819,641	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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