

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet S Parts I-III Date/Time Prepared: 2/27/2017 5:28 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/27/2017	Time: 5:28 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT ANTHONY MEDICAL CENTER (14-0233) for the cost reporting period beginning 10/01/2015 and ending 09/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,716,861	163,593	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	1,716,861	163,593	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 4:53 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 61108-2472 County: WINNEBAGO				
1.00 Street: 5666 EAST STATE STREET		2.00 City: ROCKFORD								
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
3.00	Hospital and Hospital-Based Component Identification:									
	Hospital	SAINT ANTHONY MEDICAL CENTER	140233	40420	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2015	09/30/2016		20.00
21.00	Type of Control (see instructions)						1			21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					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.						3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,988	2,233	0	0	3,293	61		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: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 4:53 pm			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	6.53	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)	1850		0.00	0.00	0.000000 67.00	
67.01		7300		0.00	0.00	0.000000 67.01	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00	
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00	
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00	

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		V	XIX				
		1.00	2.00				
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N			94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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	5,446,443		118.01	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 4:53 pm					
		1.00	2.00						
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00			
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		149006	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: OSF HEALTHCARE SYSTEM	Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 06101		141.00			
142.00	Street: 800 N.E. GLEN OAK AVENUE	PO Box:				142.00			
143.00	City: PEORIA	State: IL		Zip Code: 61603		143.00			
				1.00					
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00			
				1.00					
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.		N			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	155.00		
156.00	Subprovider - IPF		N		N	N	156.00		
157.00	Subprovider - IRF		N		N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF		N		N	N	159.00		
160.00	HOME HEALTH AGENCY		N		N	N	160.00		
161.00	CMHC				N	N	161.00		
						1.00			
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00			
		Name		County		State	Zip Code	CBSA	FTE/Campus
		0		1.00		2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
								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.				N	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)				0.00	169.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 4:53 pm
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0233		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 4:53 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/15/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				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	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/06/2017	Y	02/06/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 4:53 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LOUIS	RAPTOPOULOS		41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(309)-624-9230	LOUIS C. RAPTOPOULOS@OSFHEALTHCARE. OR		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 4:53 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVT REPORTING ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 4:53 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	199	72,834	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)		199	72,834	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,176	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		235	86,010	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		235				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 4:53 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	19,268	1,588	40,378			1.00
2.00 HMO and other (see instructions)	8,598	5,526				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)	19,268	1,588	40,378			7.00
8.00 INTENSIVE CARE UNIT	3,879	354	9,007			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		46	1,169			13.00
14.00 Total (see instructions)	23,147	1,988	50,554	6.53	1,719.12	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				6.53	1,719.12	27.00
28.00 Observation Bed Days		490	3,176			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	61	128			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 4:53 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,204	358	11,771	1.00
2.00 HMO and other (see instructions)			1,830	928		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,204	358	11,771	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2017 4:53 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	111,384,667	-441,109	110,943,558	3,536,056.00	31.37
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		601,608	0	601,608	2,088.00	288.13
4.01	Physicians - Part A - Teaching		290,762	0	290,762	12,042.00	24.15
5.00	Physician and Non-Physician-Part B		4,689,736	0	4,689,736	20,645.00	227.16
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		14,683,748	90,266	14,774,014	335,487.00	44.04
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,729,795	0	1,729,795	23,229.00	74.47
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		3,445,528	0	3,445,528	16,838.00	204.63
14.00	Home office and/or related organization salaries and wage-related costs		25,948,587	0	25,948,587	503,811.00	51.50
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		27,173,104	0	27,173,104		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,605,474	0	3,605,474		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		94,881	0	94,881		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		763,971	0	763,971		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	13,949,754	-48,041	13,901,713	508,945.00	27.31

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2017 4:53 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		484,366	0	484,366	4,156.00	116.55	28.00
29.00	Maintenance & Repairs	6.00	1,339,820	-5,669	1,334,151	48,235.00	27.66	29.00
30.00	Operation of Plant	7.00	598,826	-2,534	596,292	18,922.00	31.51	30.00
31.00	Laundry & Linen Service	8.00	129,211	-547	128,664	8,882.00	14.49	31.00
32.00	Housekeeping	9.00	1,659,090	-12,149	1,646,941	122,310.00	13.47	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,342,140	-1,002,433	339,707	22,212.00	15.29	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	238,783	991,664	1,230,447	83,303.00	14.77	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,109,641	-13,940	3,095,701	79,808.00	38.79	38.00
39.00	Central Services and Supply	14.00	1,245,274	-5,413	1,239,861	63,934.00	19.39	39.00
40.00	Pharmacy	15.00	3,460,078	-16,947	3,443,131	83,171.00	41.40	40.00
41.00	Medical Records & Medical Records Library	16.00	1,673,274	-7,079	1,666,195	68,437.00	24.35	41.00
42.00	Social Service	17.00	1,130	-5	1,125	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: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2017 4:53 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	106,888,535	-441,109	106,447,426	3,507,525.00	30.35	1.00
2.00	Excluded area salaries (see instructions)	14,683,748	90,266	14,774,014	335,487.00	44.04	2.00
3.00	Subtotal salaries (line 1 minus line 2)	92,204,787	-531,375	91,673,412	3,172,038.00	28.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	31,123,910	0	31,123,910	543,878.00	57.23	4.00
5.00	Subtotal wage-related costs (see inst.)	27,267,985	0	27,267,985	0.00	29.74	5.00
6.00	Total (sum of lines 3 thru 5)	150,596,682	-531,375	150,065,307	3,715,916.00	40.38	6.00
7.00	Total overhead cost (see instructions)	29,231,387	-123,093	29,108,294	1,112,315.00	26.17	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2017 4:53 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		6,923,135	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)		1,467,903	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		14,908,350	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		159,338	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		190,104	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		7,378,741	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		95,552	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		26,295	22.00
23.00	Tuition Reimbursement		488,012	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		31,637,430	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part V
Date/Time Prepared:
2/27/2017 4:53 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet S-10 Date/Time Prepared: 2/27/2017 4:53 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.201663	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		19,367,289	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		174,291,545	6.00	
7.00	Medicaid cost (line 1 times line 6)		35,148,156	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)		15,780,867	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		15,780,867	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)		12,573,824	1,115,451	13,689,275
21.00	Cost of patients approved for charity care (line 1 times line 20)		2,535,675	224,945	2,760,620
22.00	Partial payment by patients approved for charity care		47,837	141,611	189,448
23.00	Cost of charity care (line 21 minus line 22)		2,487,838	83,334	2,571,172
			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)		12,026,567		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,102,287		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		10,924,280		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,203,023		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,774,195		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		20,555,062		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
2/27/2017 4:53 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		8,482,306	8,482,306	113,226	8,595,532	1.00
2.00	00200		5,914,850	5,914,850	80,229	5,995,079	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	0	32,896,313	32,896,313	2,555,517	35,451,830	4.00
5.00	00500	13,949,754	51,276,103	65,225,857	-176,808	65,049,049	5.00
6.00	00600	1,339,820	5,729,120	7,068,940	-982,308	6,086,632	6.00
7.00	00700	598,826	3,330,008	3,928,834	-2,534	3,926,300	7.00
8.00	00800	129,211	931,158	1,060,369	-547	1,059,822	8.00
9.00	00900	1,659,090	720,576	2,379,666	-6,998	2,372,668	9.00
10.00	01000	1,342,140	1,404,859	2,746,999	-2,048,074	698,925	10.00
11.00	01100	238,783	7,317	246,100	2,041,403	2,287,503	11.00
13.00	01300	3,109,641	289,535	3,399,176	-48,715	3,350,461	13.00
14.00	01400	1,245,274	-69,912	1,175,362	-5,394	1,169,968	14.00
15.00	01500	3,460,078	483,659	3,943,737	-14,629	3,929,108	15.00
16.00	01600	1,673,274	347,491	2,020,765	-7,079	2,013,686	16.00
17.00	01700	1,130	3,717	4,847	-5	4,842	17.00
20.00	02000	3,317,516	575,618	3,893,134	-14,033	3,879,101	20.00
20.01	02001	57,267	4,026	61,293	-61,293	0	20.01
20.02	02002	733,232	349,092	1,082,324	-3,102	1,079,222	20.02
22.00	02200	304,074	169,795	473,869	0	473,869	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	17,391,499	3,108,876	20,500,375	-2,077,175	18,423,200	30.00
31.00	03100	6,012,702	2,666,935	8,679,637	-29,927	8,649,710	31.00
43.00	04300	0	0	0	504,604	504,604	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,111,692	26,511,909	32,623,601	-20,393,989	12,229,612	50.00
51.00	05100	1,031,050	72,132	1,103,182	-31,277	1,071,905	51.00
52.00	05200	0	998	998	1,239,739	1,240,737	52.00
53.00	05300	0	1,765,123	1,765,123	2,450	1,767,573	53.00
54.00	05400	3,243,026	2,858,183	6,101,209	-1,256,202	4,845,007	54.00
54.01	05401	1,247,601	220,754	1,468,355	126,927	1,595,282	54.01
55.00	05500	7,032,581	986,250	8,018,831	-152,850	7,865,981	55.00
56.00	05600	363,095	1,226,208	1,589,303	382,748	1,972,051	56.00
57.00	05700	873,622	1,388,240	2,261,862	612,371	2,874,233	57.00
58.00	05800	632,788	619,711	1,252,499	425,696	1,678,195	58.00
59.00	05900	2,490,594	9,332,995	11,823,589	-8,244,063	3,579,526	59.00
60.00	06000	6,407,476	2,963,880	9,371,356	-26,629	9,344,727	60.00
63.00	06300	0	1,324,923	1,324,923	0	1,324,923	63.00
65.00	06500	2,100,449	302,903	2,403,352	-222,994	2,180,358	65.00
66.00	06600	2,936,601	354,948	3,291,549	272,496	3,564,045	66.00
67.00	06700	288,980	109,213	398,193	-1,223	396,970	67.00
68.00	06800	209,224	4,629	213,853	-885	212,968	68.00
69.00	06900	381,201	63,956	445,157	-1,595	443,562	69.00
70.00	07000	465,497	248,979	714,476	37,849	752,325	70.00
71.00	07100	0	459,321	459,321	11,535,188	11,994,509	71.00
72.00	07200	0	0	0	18,531,172	18,531,172	72.00
73.00	07300	0	27,722,670	27,722,670	38,102	27,760,772	73.00
75.01	07501	2,624,380	810,986	3,435,366	-367,180	3,068,186	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03340	628,684	605,783	1,234,467	-366,812	867,655	76.01
76.97	07697	456,809	139,835	596,644	36,843	633,487	76.97
76.99	07699	0	118,345	118,345	0	118,345	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	380,435	787,378	1,167,813	-18,234	1,149,579	90.00
91.00	09100	4,339,838	7,207,973	11,547,811	-45,955	11,501,856	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	351,876	-334,111	17,765	-1,489	16,276	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		101,160,810	206,495,556	307,656,366	1,926,562	309,582,928	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	7,143,127	10,126,208	17,269,335	-1,141,024	16,128,311	192.00
193.01	19301	0	1,586	1,586	0	1,586	193.01
193.02	19302	3,080,730	-2,173,612	907,118	-785,538	121,580	193.02
200.00		111,384,667	214,449,738	325,834,405	0	325,834,405	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
2/27/2017 4:53 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	951,067	9,546,599	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	361,880	6,356,959	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,063,933	33,387,897	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,663,308	52,385,741	5.00
6.00	00600	MAINTENANCE & REPAIRS	-134,229	5,952,403	6.00
7.00	00700	OPERATION OF PLANT	-273,646	3,652,654	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,059,822	8.00
9.00	00900	HOUSEKEEPING	-249	2,372,419	9.00
10.00	01000	DIETARY	-208	698,717	10.00
11.00	01100	CAFETERIA	-877,384	1,410,119	11.00
13.00	01300	NURSING ADMINISTRATION	-108,332	3,242,129	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,169,968	14.00
15.00	01500	PHARMACY	-25,000	3,904,108	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-16,507	1,997,179	16.00
17.00	01700	SOCIAL SERVICE	0	4,842	17.00
20.00	02000	NURSING SCHOOL	-3,879,101	0	20.00
20.01	02001	MEDTECH SCHOOL	0	0	20.01
20.02	02002	PARAMED TRAINING	-290,765	788,457	20.02
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	-1,200	472,669	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-40,743	18,382,457	30.00
31.00	03100	INTENSIVE CARE UNIT	-78,022	8,571,688	31.00
43.00	04300	NURSERY	-31,656	472,948	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-243,851	11,985,761	50.00
51.00	05100	RECOVERY ROOM	0	1,071,905	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-77,822	1,162,915	52.00
53.00	05300	ANESTHESIOLOGY	-770,774	996,799	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-121,969	4,723,038	54.00
54.01	05401	ULTRASOUND	0	1,595,282	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-3,599,252	4,266,729	55.00
56.00	05600	RADIOISOTOPE	-2,189	1,969,862	56.00
57.00	05700	CT SCAN	-7,523	2,866,710	57.00
58.00	05800	MRI	-7,558	1,670,637	58.00
59.00	05900	CARDIAC CATHETERIZATION	-21,802	3,557,724	59.00
60.00	06000	LABORATORY	-1,096,616	8,248,111	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,324,923	63.00
65.00	06500	RESPIRATORY THERAPY	-418	2,179,940	65.00
66.00	06600	PHYSICAL THERAPY	-94,243	3,469,802	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	396,970	67.00
68.00	06800	SPEECH PATHOLOGY	0	212,968	68.00
69.00	06900	ELECTROCARDIOLOGY	0	443,562	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,146	751,179	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,994,509	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,531,172	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-3,887	27,756,885	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	-49,516	3,018,670	75.01
76.00	03950	DIABETIC SERVICE	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	-4,098	863,557	76.01
76.97	07697	CARDIAC REHABILITATION	0	633,487	76.97
76.99	07699	LITHOTRIPSY	0	118,345	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	1,149,579	90.00
91.00	09100	EMERGENCY	-5,237,372	6,264,484	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	16,276	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-30,511,372	279,071,556	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	16,128,311	192.00
193.01	19301	CONVENT	0	1,586	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	121,580	193.02
200.00		TOTAL (SUM OF LINES 118-199)	-30,511,372	295,323,033	200.00

RECLASSIFICATIONS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
2/27/2017 4:53 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	193,455	1.00
2.00		0.00	0	0	2.00
	O			193,455	
B - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	999,958	1,046,686	1.00
	O		999,958	1,046,686	
C - NURSERY RECLASS					
1.00	NURSERY	43.00	384,610	121,618	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	944,930	298,798	2.00
	O		1,329,540	420,416	
D - IMAGING RECLASS					
1.00	ULTRASOUND	54.01	57,720	90,028	1.00
2.00	RADIOISOTOPE	56.00	111,910	174,549	2.00
3.00	CT SCAN	57.00	222,098	346,412	3.00
4.00	MRI	58.00	128,998	201,203	4.00
	O		520,726	812,192	
F - EMPLOYEE BENEFIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,081,052	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
	O			2,081,052	
G - PHONE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	33,680	1.00
	O			33,680	
I - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	40,552	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
	O			40,552	
J - CARDIAC REHAB					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	765	234	1.00
	O		765	234	
L - RCA & CFH RENT EXPENSE RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	19,738	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	115,940	2.00
3.00	ULTRASOUND	54.01	0	59,326	3.00
4.00	RADIOISOTOPE	56.00	0	98,861	4.00
5.00	CT SCAN	57.00	0	184,522	5.00
6.00	MRI	58.00	0	99,111	6.00
7.00	LABORATORY	60.00	0	161,568	7.00
8.00	PHYSICAL THERAPY	66.00	0	284,904	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	39,818	9.00
10.00	CARDIAC REHABILITATION	76.97	0	39,771	10.00
	O			1,103,559	
O - DISABILITY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,270	1.00
2.00	HOUSEKEEPING	9.00	0	5,151	2.00
3.00	DIETARY	10.00	0	1,045	3.00
4.00	CAFETERIA	11.00	0	3,053	4.00
5.00	NURSING ADMINISTRATION	13.00	0	787	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	145	6.00
7.00	PHARMACY	15.00	0	2,318	7.00
8.00	NURSING SCHOOL	20.00	0	764	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	45,395	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	11,761	10.00
11.00	NURSERY	43.00	0	865	11.00
12.00	OPERATING ROOM	50.00	0	7,138	12.00
13.00	RECOVERY ROOM	51.00	0	14,467	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,124	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	921	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,523	16.00
17.00	MRI	58.00	0	8,937	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	309	18.00

RECLASSIFICATIONS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
2/27/2017 4:53 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
19.00	LABORATORY	60.00	0	10,694	19.00
20.00	RESPIRATORY THERAPY	65.00	0	341	20.00
21.00	PHYSICAL THERAPY	66.00	0	3,818	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	4,306	22.00
23.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	1,865	23.00
24.00	EMERGENCY	91.00	0	7,353	24.00
25.00	MED TRANS / WELLNESS / FDN	193.02	0	12,988	25.00
	0		0	159,338	
P - IMPLANTABLE MEDICAL DEVICES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	18,531,172	1.00
2.00	ANESTHESIOLOGY	53.00	0	2,450	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
	0		0	18,533,622	
Q - MEDICAL/SURGICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,540,648	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
	0		0	11,540,648	
R - NON-ALLOWED MED TECH					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,026	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	57,267	0	2.00
	0		57,267	4,026	
Z - VACATION ACCRUAL					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	222,348	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	470,439	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
2/27/2017 4:53 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
	0		222,348	470,439		
500.00	Grand Total: Increases		3,130,604	36,439,899		500.00

RECLASSIFICATIONS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
2/27/2017 4:53 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PROPERTY INSURANCE							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	193,455	9		2.00
			0	193,455			
B - CAFETERIA RECLASS							
1.00	DIETARY	10.00	999,958	1,046,686	0		1.00
			999,958	1,046,686			
C - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	1,329,540	420,416	0		1.00
2.00		0.00	0	0	0		2.00
			1,329,540	420,416			
D - IMAGING RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	520,726	812,192	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
			520,726	812,192			
F - EMPLOYEE BENEFIT RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,111,798	0		1.00
2.00	MED TRANS / WELLNESS / FDN	193.02	0	772,559	0		2.00
3.00	LABORATORY	60.00	0	161,133	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	35,562	0		4.00
			0	2,081,052			
G - PHONE							
1.00	ADMINISTRATIVE & GENERAL	5.00	33,680	0	0		1.00
			33,680	0			
I - DRUGS CHARGED TO PATIENTS							
1.00	ADULTS & PEDIATRICS	30.00	0	9,321	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	2,400	0		2.00
3.00	OPERATING ROOM	50.00	0	2,693	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,764	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	489	0		5.00
6.00	RADIOISOTOPE	56.00	0	562	0		6.00
7.00	CT SCAN	57.00	0	8,868	0		7.00
8.00	MRI	58.00	0	431	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	801	0		9.00
10.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	5,776	0		10.00
11.00	GASTRO INTESTINAL SERVICES	76.01	0	820	0		11.00
12.00	EMERGENCY	91.00	0	2,627	0		12.00
			0	40,552			
J - CARDIAC REHAB							
1.00	CARDIAC REHABILITATION	76.97	765	234	0		1.00
			765	234			
L - RCA & CFH RENT EXPENSE RECLASS							
1.00	MAINTENANCE & REPAIRS	6.00	0	976,639	0		1.00
2.00	CT SCAN	57.00	0	126,920	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
			0	1,103,559			
O - DISABILITY							
1.00	ADMINISTRATIVE & GENERAL	5.00	11,270	0	0		1.00
2.00	HOUSEKEEPING	9.00	5,151	0	0		2.00
3.00	DIETARY	10.00	1,045	0	0		3.00
4.00	CAFETERIA	11.00	3,053	0	0		4.00
5.00	NURSING ADMINISTRATION	13.00	787	0	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	145	0	0		6.00
7.00	PHARMACY	15.00	2,318	0	0		7.00
8.00	NURSING SCHOOL	20.00	764	0	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	45,395	0	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	11,761	0	0		10.00
11.00	NURSERY	43.00	865	0	0		11.00
12.00	OPERATING ROOM	50.00	7,138	0	0		12.00
13.00	RECOVERY ROOM	51.00	14,467	0	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	2,124	0	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	921	0	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	1,523	0	0		16.00
17.00	MRI	58.00	8,937	0	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	309	0	0		18.00

RECLASSIFICATIONS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/27/2017 4:53 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
19.00	LABORATORY	60.00	10,694	0	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	341	0	0	20.00	
21.00	PHYSICAL THERAPY	66.00	3,818	0	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	4,306	0	0	22.00	
23.00	SURGERY/CARDIAC AMB DAY CARE	75.01	1,865	0	0	23.00	
24.00	EMERGENCY	91.00	7,353	0	0	24.00	
25.00	MED TRANS / WELLNESS / FDN	193.02	12,988	0	0	25.00	
0			159,338	0			
P - IMPLANTABLE MEDICAL DEVICES RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	126	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	11	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	2,138	0	3.00	
4.00	OPERATING ROOM	50.00	0	13,840,706	0	4.00	
5.00	RECOVERY ROOM	51.00	0	1	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,608	0	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	4,611,877	0	7.00	
8.00	RESPIRATORY THERAPY	65.00	0	949	0	8.00	
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,460	0	9.00	
10.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	12,253	0	10.00	
11.00	GASTROINTESTINAL SERVICES	76.01	0	39,400	0	11.00	
12.00	CLINIC	90.00	0	16,624	0	12.00	
13.00	EMERGENCY	91.00	0	19	0	13.00	
14.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,450	0	14.00	
0			0	18,533,622			
Q - MEDICAL/SURGICAL SUPPLIES RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	0	250,123	0	1.00	
2.00	OPERATING ROOM	50.00	0	6,524,762	0	2.00	
3.00	RECOVERY ROOM	51.00	0	26,975	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,338	0	4.00	
5.00	ULTRASOUND	54.01	0	74,624	0	5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	122,613	0	6.00	
7.00	CT SCAN	57.00	0	237	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	3,620,849	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	213,160	0	9.00	
10.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	338,056	0	10.00	
11.00	GASTROINTESTINAL SERVICES	76.01	0	323,932	0	11.00	
12.00	EMERGENCY	91.00	0	24,979	0	12.00	
0			0	11,540,648			
R - NON-ALLOWED MED TECH							
1.00	MEDTECH SCHOOL	20.01	57,267	4,026	0	1.00	
2.00		0.00	0	0	0	2.00	
0			57,267	4,026			
Z - VACATION ACCRUAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	60,358	0	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	5,669	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	2,534	0	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	547	0	0	4.00	
5.00	HOUSEKEEPING	9.00	6,998	0	0	5.00	
6.00	DIETARY	10.00	1,430	0	0	6.00	
7.00	CAFETERIA	11.00	5,241	0	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	13,153	0	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	5,268	0	0	9.00	
10.00	PHARMACY	15.00	14,629	0	0	10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	7,079	0	0	11.00	
12.00	SOCIAL SERVICE	17.00	5	0	0	12.00	
13.00	NURSING SCHOOL	20.00	14,033	0	0	13.00	
14.00	PARAMED TRAINING	20.02	3,102	0	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	67,764	0	0	15.00	
16.00	INTENSIVE CARE UNIT	31.00	25,389	0	0	16.00	
17.00	NURSERY	43.00	1,624	0	0	17.00	
18.00	OPERATING ROOM	50.00	25,828	0	0	18.00	
19.00	RECOVERY ROOM	51.00	4,301	0	0	19.00	
20.00	DELIVERY ROOM & LABOR ROOM	52.00	3,989	0	0	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	11,514	0	0	21.00	
22.00	ULTRASOUND	54.01	5,523	0	0	22.00	
23.00	RADIOLOGY-THERAPEUTIC	55.00	29,748	0	0	23.00	
24.00	RADIOISOTOPE	56.00	2,010	0	0	24.00	
25.00	CT SCAN	57.00	4,636	0	0	25.00	
26.00	MRI	58.00	3,185	0	0	26.00	
27.00	CARDIAC CATHETERIZATION	59.00	10,536	0	0	27.00	
28.00	LABORATORY	60.00	27,064	0	0	28.00	
29.00	RESPIRATORY THERAPY	65.00	8,885	0	0	29.00	
30.00	PHYSICAL THERAPY	66.00	12,408	0	0	30.00	

RECLASSIFICATIONS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
2/27/2017 4:53 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
31.00	OCCUPATIONAL THERAPY	67.00	1,223	0	0			31.00
32.00	SPEECH PATHOLOGY	68.00	885	0	0			32.00
33.00	ELECTROCARDIOLOGY	69.00	1,595	0	0			33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	1,969	0	0			34.00
35.00	SURGERY/CARDIAC AMB DAY CARE	75.01	11,095	0	0			35.00
36.00	GASTRO INTESTINAL SERVICES	76.01	2,660	0	0			36.00
37.00	CARDIAC REHABILITATION	76.97	1,929	0	0			37.00
38.00	CLINIC	90.00	1,610	0	0			38.00
39.00	EMERGENCY	91.00	18,330	0	0			39.00
40.00	AMBULANCE SERVICES	95.00	1,489	0	0			40.00
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	30,225	0	0			41.00
42.00	MED TRANS / WELLNESS / FDN	193.02	12,979	0	0			42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	222,348	0			43.00
	0		470,439	222,348				
500.00	Grand Total: Decreases		3,571,713	35,998,790				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part I
Date/Time Prepared:
2/27/2017 4:53 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,152,456	0	0	0	1.00
2.00	Land Improvements	3,918,143	41,200	0	41,200	2.00
3.00	Buildings and Fixtures	132,091,275	8,824,561	0	8,824,561	3.00
4.00	Building Improvements	1,084,811	0	0	830,771	4.00
5.00	Fixed Equipment	107,695,864	4,992,286	0	4,992,286	5.00
6.00	Movable Equipment	143,559	0	0	12,348	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	249,086,108	13,858,047	0	13,858,047	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	249,086,108	13,858,047	0	13,858,047	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,152,456	0			1.00
2.00	Land Improvements	2,181,751	0			2.00
3.00	Buildings and Fixtures	129,453,513	0			3.00
4.00	Building Improvements	254,040	0			4.00
5.00	Fixed Equipment	91,775,510	0			5.00
6.00	Movable Equipment	131,211	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	227,948,481	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	227,948,481	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part II
Date/Time Prepared:
2/27/2017 4:53 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,482,306	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,914,850	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,397,156	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	8,482,306				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,914,850				2.00
3.00	Total (sum of lines 1-2)	0	14,397,156				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part III
Date/Time Prepared:
2/27/2017 4:53 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	129,707,553	0	129,707,553	0.585285	113,226	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	91,906,721	0	91,906,721	0.414715	80,229	2.00
3.00	Total (sum of lines 1-2)	221,614,274	0	221,614,274	1.000000	193,455	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	113,226	9,433,373	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	80,229	6,276,730	0	2.00
3.00	Total (sum of lines 1-2)	0	0	193,455	15,710,103	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	113,226	0	0	9,546,599	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	80,229	0	0	6,356,959	2.00
3.00	Total (sum of lines 1-2)	0	193,455	0	0	15,903,558	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
2/27/2017 4:53 pm

Line #	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	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)	B	-1,649		ADMINISTRATIVE & GENERAL	5.00	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	-73,845		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	-11,649,328				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	-4,300,175				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-877,384		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	B	-3,887		DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-12,689		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	B	-3,816,306		NURSING SCHOOL	20.00	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)	B	-171,863		ADMINISTRATIVE & GENERAL	5.00	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			RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)				*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT				CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP				CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist				*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant					0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00			0			0.00	0	33.00
33.01	OTHER REVENUE - HEALTH ED	B	-3,818		MEDICAL RECORDS & LIBRARY	16.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
2/27/2017 4:53 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.04 OTHER REVENUE OFFSETS - ADMIN	B	-227,635	ADMINISTRATIVE & GENERAL		5.00	0 33.04
33.06 OTHER REVENUE OFFSETS - OPER OF PLAN	B	-4,380	OPERATION OF PLANT		7.00	0 33.06
33.07 OTHER REVENUE OFFSETS - HOUSEKEEPING	B	-249	HOUSEKEEPING		9.00	0 33.07
33.08 OTHER REVENUE OFFSETS - DIETARY	B	-208	DIETARY		10.00	0 33.08
33.09 OTHER REVENUE OFFSETS - NURSING ADMIN	B	-633	NURSING ADMINISTRATION		13.00	0 33.09
33.10 OTHER REVENUE OFFSETS - HEALTH ED RE	B	-60,643	PARAMED TRAINING		20.02	0 33.10
33.11 OTHER REVENUE OFFSETS - ALT BIRTH CT	B	-530	ADULTS & PEDIATRICS		30.00	0 33.11
33.13 OTHER REVENUE OFFSETS - ALT BIRTH CT	B	-412	NURSERY		43.00	0 33.13
33.17 OTHER REVENUE OFFSETS - SURGERY	B	-17,690	OPERATING ROOM		50.00	0 33.17
33.19 OTHER REVENUE OFFSETS - ALT BIRTH CT	B	-1,011	DELIVERY ROOM & LABOR ROOM		52.00	0 33.19
33.21 OTHER REVENUE OFFSETS - RESIDENT EDU	B	-1,200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00	0 33.21
33.23 OTHER REVENUE OFFSETS - RADIOLOGY	B	-30,768	RADIOLOGY-THERAPEUTIC		55.00	0 33.23
33.25 OTHER REVENUE OFFSETS - PT	B	-91,873	PHYSICAL THERAPY		66.00	0 33.25
33.26 OTHER REVENUE OFFSETS - SURGERY / AM	B	-5,792	SURGERY/CARDIAC AMB DAY CARE		75.01	0 33.26
33.28 TELEPHONE EXPENSE - RADIOLOGY	A	-344	RADIOLOGY-DIAGNOSTIC		54.00	0 33.28
33.32 TELEPHONE EXPENSE - LAB	A	-1,925	LABORATORY		60.00	0 33.32
33.36 TELEPHONE EXPENSE - PT	A	-2,370	PHYSICAL THERAPY		66.00	0 33.36
33.37 MEDICAID PROVIDER TAX EXPENSE	A	-7,802,443	ADMINISTRATIVE & GENERAL		5.00	0 33.37
33.38 PHYSICIAN RECRUITMENT	A	-19,774	ADMINISTRATIVE & GENERAL		5.00	0 33.38
33.39 MARKETING AND ADVERTISING	A	-5,716	ADMINISTRATIVE & GENERAL		5.00	0 33.39
33.40 MARKETING AND ADVERTISING	A	-7,463	NURSING ADMINISTRATION		13.00	0 33.40
33.41 MARKETING AND ADVERTISING	A	-62,795	NURSING SCHOOL		20.00	0 33.41
33.44 MARKETING AND ADVERTISING	A	-910	RADIOLOGY-THERAPEUTIC		55.00	0 33.44
33.45 MARKETING AND ADVERTISING	A	-11	RESPIRATORY THERAPY		65.00	0 33.45
33.46 MARKETING AND ADVERTISING	A	-2,458	SURGERY/CARDIAC AMB DAY CARE		75.01	0 33.46
37.00 MARKETING AND ADVERTISING	A	-218	GASTROINTESTINAL SERVICES		76.01	0 37.00
37.01 LOBBYING EXPENSES	A	-45,099	ADMINISTRATIVE & GENERAL		5.00	0 37.01
37.02 PRE-EMPLOYMENT PHYSICALS	A	-320	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.02
37.03 OCCUP MED PORTION OF EE HEALTH SERVI	A	-25,204	ADMINISTRATIVE & GENERAL		5.00	0 37.03
37.07 UNEMPLOYMENT COMPENSATION	A	-95,552	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.07
37.08 NON-PATIENT RELATED PROPERTY TAXES	A	-27,082	PARAMED TRAINING		20.02	0 37.08
38.00 NON-PATIENT RELATED PROPERTY TAXES	A	-134,229	MAINTENANCE & REPAIRS		6.00	0 38.00
39.00 NON-PATIENT RELATED PROPERTY TAXES	A	-80,813	OPERATION OF PLANT		7.00	0 39.00
39.10 PHYSICIAN EMPLOYEE BENEFIT OFFSET	A	-832,731	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 39.10
39.20 TELEPHONE OVERHEAD NON-ALLOWABLE EB	A	-9,947	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 39.20
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,511,372				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 14-0233
 Period: From 10/01/2015 To 09/30/2016
 Worksheet A-8-1
 Date/Time Prepared: 2/27/2017 4:53 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE CHARGES	951,067	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES	4,754,034	4,392,154
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFFICE CHARGES	4,280,314	5,405,697
3.01	5.00	ADMINISTRATIVE & GENERAL	CORP OFFICE CHARGES	25,121,548	31,726,523
4.00	7.00	OPERATION OF PLANT	CORP OFFICE CHARGES	716,766	905,219
4.01	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCHASED MAINTAINANCE	366,253	378,378
4.02	55.00	RADIOLOGY-THERAPEUTIC	SFI PURCHASED MAINTAINANCE	285,334	294,781
4.03	56.00	RADIOISOTOPE	SFI PURCHASED MAINTAINANCE	66,124	68,313
4.04	57.00	CT SCAN	SFI PURCHASED MAINTAINANCE	227,243	234,766
4.05	58.00	MRI	SFI PURCHASED SERVICES	228,298	235,856
4.06	59.00	CARDIAC CATHETERIZATION	SFI PURCHASED MAINTAINANCE	265,861	274,663
4.07	5.00	ADMINISTRATIVE & GENERAL	CORPORATE OFFICE INTEREST	2,353,333	0
4.08	30.00	ADULTS & PEDIATRICS	SFI PURCHASED SERVICE - LAB	865,793	865,793
4.09	31.00	INTENSIVE CARE UNIT	SFI PURCHASED SERVICE - EICU	1,138,993	1,138,993
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			41,620,961	45,921,136

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

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

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

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

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

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

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

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

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-1

Date/Time Prepared:
2/27/2017 4:53 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	951,067	9		1.00
2.00	361,880	9		2.00
3.00	-1,125,383	0		3.00
3.01	-6,604,975	0		3.01
4.00	-188,453	0		4.00
4.01	-12,125	0		4.01
4.02	-9,447	0		4.02
4.03	-2,189	0		4.03
4.04	-7,523	0		4.04
4.05	-7,558	0		4.05
4.06	-8,802	0		4.06
4.07	2,353,333	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
5.00	-4,300,175			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-2

Date/Time Prepared:
2/27/2017 4:53 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	82,524	16,218	66,306	171,400	535	1.00
2.00	13.00	NURSING ADMINISTRATION	109,630	93,925	15,705	171,400	114	2.00
3.00	15.00	PHARMACY	25,000	25,000	0	0	0	3.00
4.00	20.02	PARAMED TRAINING	356,146	33,233	322,913	171,400	1,858	4.00
5.00	30.00	ADULTS & PEDIATRICS	49,854	32,892	16,962	171,400	117	5.00
6.00	31.00	INTENSIVE CARE UNIT	119,306	25,592	93,714	171,400	501	6.00
7.00	43.00	NURSERY	38,743	25,562	13,181	171,400	91	7.00
8.00	50.00	OPERATING ROOM	468,530	0	468,530	204,100	2,470	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	95,187	62,802	32,385	171,400	223	9.00
10.00	53.00	ANESTHESIOLOGY	1,147,300	381,320	765,980	200,300	3,910	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	109,500	109,500	0	0	0	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	3,674,344	3,396,823	277,521	231,100	1,046	12.00
13.00	59.00	CARDIAC CATHETERIZATION	13,000	13,000	0	0	0	13.00
14.00	60.00	LABORATORY	1,094,691	1,094,691	0	0	0	14.00
15.00	65.00	RESPIRATORY THERAPY	10,295	0	10,295	171,400	120	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	6,667	0	6,667	171,400	67	16.00
17.00	75.01	SURGERY/CARDIAC AMB DAY CARE	56,099	20,099	36,000	171,400	180	17.00
18.00	76.01	GASTROINTESTINAL SERVICES	8,000	0	8,000	171,400	50	18.00
19.00	91.00	EMERGENCY	6,009,414	4,031,286	1,978,128	171,400	9,369	19.00
200.00			13,474,230	9,361,943	4,112,287		20,651	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	44,086	2,204	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	9,394	470	0	0	0	2.00
3.00	15.00	PHARMACY	0	0	0	0	0	3.00
4.00	20.02	PARAMED TRAINING	153,106	7,655	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	9,641	482	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	41,284	2,064	0	0	0	6.00
7.00	43.00	NURSERY	7,499	375	0	0	0	7.00
8.00	50.00	OPERATING ROOM	242,369	12,118	0	0	0	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	18,376	919	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	376,526	18,826	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	116,217	5,811	0	0	0	12.00
13.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	13.00
14.00	60.00	LABORATORY	0	0	0	0	0	14.00
15.00	65.00	RESPIRATORY THERAPY	9,888	494	0	0	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	5,521	276	0	0	0	16.00
17.00	75.01	SURGERY/CARDIAC AMB DAY CARE	14,833	742	0	0	0	17.00
18.00	76.01	GASTROINTESTINAL SERVICES	4,120	206	0	0	0	18.00
19.00	91.00	EMERGENCY	772,042	38,602	0	0	0	19.00
200.00			1,824,902	91,244	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	44,086	22,220	38,438	1.00
2.00	13.00	NURSING ADMINISTRATION	0	9,394	6,311	100,236	2.00
3.00	15.00	PHARMACY	0	0	0	25,000	3.00
4.00	20.02	PARAMED TRAINING	0	153,106	169,807	203,040	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	9,641	7,321	40,213	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	41,284	52,430	78,022	6.00
7.00	43.00	NURSERY	0	7,499	5,682	31,244	7.00
8.00	50.00	OPERATING ROOM	0	242,369	226,161	226,161	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	0	18,376	14,009	76,811	9.00
10.00	53.00	ANESTHESIOLOGY	0	376,526	389,454	770,774	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	109,500	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	0	116,217	161,304	3,558,127	12.00
13.00	59.00	CARDIAC CATHETERIZATION	0	0	0	13,000	13.00
14.00	60.00	LABORATORY	0	0	0	1,094,691	14.00
15.00	65.00	RESPIRATORY THERAPY	0	9,888	407	407	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	5,521	1,146	1,146	16.00
17.00	75.01	SURGERY/CARDIAC AMB DAY CARE	0	14,833	21,167	41,266	17.00
18.00	76.01	GASTROINTESTINAL SERVICES	0	4,120	3,880	3,880	18.00
19.00	91.00	EMERGENCY	0	772,042	1,206,086	5,237,372	19.00
200.00			0	1,824,902	2,287,385	11,649,328	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 4:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,546,599	9,546,599			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,356,959		6,356,959		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	33,387,897	0	0	33,387,897	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	52,385,741	1,169,199	822,643	4,386,174	5.00
6.00 00600	MAINTENANCE & REPAIRS	5,952,403	1,053,120	210,932	420,903	6.00
7.00 00700	OPERATION OF PLANT	3,652,654	354,057	173,628	188,121	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,059,822	65,531	0	40,591	8.00
9.00 00900	HOUSEKEEPING	2,372,419	141,604	14,518	519,584	9.00
10.00 01000	DIETARY	698,717	103,297	5,365	107,168	10.00
11.00 01100	CAFETERIA	1,410,119	161,364	15,677	388,190	11.00
13.00 01300	NURSING ADMINISTRATION	3,242,129	27,410	147,061	947,012	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,169,968	94,602	112,346	391,156	14.00
15.00 01500	PHARMACY	3,904,108	80,495	66,921	1,086,252	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,997,179	81,298	2,577	525,658	16.00
17.00 01700	SOCIAL SERVICE	4,842	8,135	0	355	17.00
20.00 02000	NURSING SCHOOL	0	867,555	28,070	1,041,955	20.00
20.01 02001	MEDTECH SCHOOL	0	0	0	0	20.01
20.02 02002	PARAMED TRAINING	788,457	0	0	219,860	20.02
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	472,669	0	0	95,524	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	18,382,457	1,146,565	246,450	5,021,199	30.00
31.00 03100	INTENSIVE CARE UNIT	8,571,688	438,732	62,951	1,877,117	31.00
43.00 04300	NURSERY	472,948	48,756	9,826	112,517	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	11,985,761	605,712	812,353	1,917,741	50.00
51.00 05100	RECOVERY ROOM	1,071,905	166,775	35,321	319,359	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,162,915	108,242	44,994	276,438	52.00
53.00 05300	ANESTHESIOLOGY	996,799	3,041	172,664	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,723,038	327,841	367,372	854,919	54.00
54.01 05401	ULTRASOUND	1,595,282	57,041	276,462	410,066	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	4,266,729	381,915	891,562	1,137,158	55.00
56.00 05600	RADIOISOTOPE	1,969,862	23,455	67,365	149,222	56.00
57.00 05700	CT SCAN	2,866,710	26,141	5,074	344,220	57.00
58.00 05800	MRI	1,670,637	101,543	117,677	236,507	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,557,724	144,011	669,759	782,321	59.00
60.00 06000	LABORATORY	8,248,111	215,923	157,394	1,664,187	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,324,923	0	13,161	0	63.00
65.00 06500	RESPIRATORY THERAPY	2,179,940	66,725	92,585	659,748	65.00
66.00 06600	PHYSICAL THERAPY	3,469,802	242,214	14,067	921,331	66.00
67.00 06700	OCCUPATIONAL THERAPY	396,970	26,962	0	90,783	67.00
68.00 06800	SPEECH PATHOLOGY	212,968	5,598	587	65,728	68.00
69.00 06900	ELECTROCARDIOLOGY	443,562	21,719	11,008	118,401	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	751,179	28,306	34,724	146,236	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,994,509	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	18,531,172	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	27,756,885	6,232	2,394	0	73.00
75.01 07501	SURGERY/CARDIAC AMB DAY CARE	3,018,670	89,993	57,720	823,861	75.01
76.00 03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01 03340	GASTROINTESTINAL SERVICES	863,557	92,083	90,593	197,501	76.01
76.97 07697	CARDIAC REHABILITATION	633,487	4,795	20,476	143,266	76.97
76.99 07699	LITHOTRIPSY	118,345	9,833	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,149,579	26,459	1,990	119,513	90.00
91.00 09100	EMERGENCY	6,264,484	265,892	134,123	1,361,931	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	16,276	28,866	597	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	279,071,556	8,919,037	6,010,987	30,109,773	274,819,898
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	16,128,311	497,153	211,803	2,314,395	19,151,662
193.01 19301	CONVENT	1,586	8,546	0	0	10,132
193.02 19302	MED TRANS / WELLNESS / FDN	121,580	121,863	134,169	963,729	1,341,341
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	295,323,033	9,546,599	6,356,959	33,387,897	295,323,033

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 4:53 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	58,763,757					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,897,196	9,534,554				6.00
7.00	00700	OPERATION OF PLANT	1,085,169	460,902	5,914,531			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	289,632	85,306		55,606	1,596,488	8.00
9.00	00900	HOUSEKEEPING	757,185	184,336	120,157	0	4,109,803	9.00
10.00	01000	DIETARY	227,183	134,469	87,652	0	62,772	10.00
11.00	01100	CAFETERIA	490,697	210,059	136,924	0	98,058	11.00
13.00	01300	NURSING ADMINISTRATION	1,083,965	35,682	23,259	0	16,657	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	439,207	123,150	80,274	36,091	57,488	14.00
15.00	01500	PHARMACY	1,276,275	104,787	68,304	0	48,916	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	647,533	105,831	68,985	0	49,403	16.00
17.00	01700	SOCIAL SERVICE	3,312	10,590	6,903	0	4,944	17.00
20.00	02000	NURSING SCHOOL	481,314	1,129,361	736,158	0	527,197	20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0	0	20.01
20.02	02002	PARAMED TRAINING	250,476	0	0	0	0	20.02
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	141,145	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,159,741	1,492,569	972,905	534,736	696,743	30.00
31.00	03100	INTENSIVE CARE UNIT	2,720,211	571,129	372,283	118,132	266,609	31.00
43.00	04300	NURSERY	159,988	63,470	41,372	14,059	29,628	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,806,030	788,500	513,972	197,765	368,080	50.00
51.00	05100	RECOVERY ROOM	395,807	217,103	141,516	22,667	101,346	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	395,615	140,906	91,848	34,539	65,776	52.00
53.00	05300	ANESTHESIOLOGY	291,262	3,959	2,581	0	1,848	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,558,318	426,774	278,187	29,388	199,223	54.00
54.01	05401	ULTRASOUND	580,994	74,254	48,402	15,577	34,663	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,658,724	497,166	324,071	45,544	232,082	55.00
56.00	05600	RADIOISOTOPE	548,962	30,532	19,902	0	14,253	56.00
57.00	05700	CT SCAN	805,381	34,030	22,182	24,651	15,886	57.00
58.00	05800	MRI	528,210	132,186	86,163	9,856	61,706	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,280,259	187,470	122,199	73,594	87,513	59.00
60.00	06000	LABORATORY	2,555,050	281,083	183,220	50	131,213	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	332,393	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	744,981	86,861	56,619	116	40,548	65.00
66.00	06600	PHYSICAL THERAPY	1,154,464	315,308	205,529	0	147,189	66.00
67.00	06700	OCCUPATIONAL THERAPY	127,860	35,099	22,879	0	16,385	67.00
68.00	06800	SPEECH PATHOLOGY	70,767	7,287	4,750	0	3,402	68.00
69.00	06900	ELECTROCARDIOLOGY	147,727	28,273	18,430	6,018	13,198	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	238,584	36,848	24,019	1,471	17,201	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,979,556	0	0	2	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,603,328	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,897,298	8,113	5,288	0	3,787	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	991,217	117,150	76,363	109,485	54,687	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	308,956	119,871	78,136	15,658	55,957	76.01
76.97	07697	CARDIAC REHABILITATION	199,231	6,243	4,069	0	2,914	76.97
76.99	07699	LITHOTRIPSY	31,841	12,801	8,344	0	5,976	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	322,322	34,443	22,451	0	16,078	90.00
91.00	09100	EMERGENCY	1,993,845	346,132	225,621	307,075	161,578	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	11,362	37,577	24,494	0	17,541	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,670,573	8,717,610	5,382,017	1,596,474	3,728,445	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,757,464	647,181	421,856	0	302,111	192.00
193.01	19301	CONVENT	2,517	11,125	7,252	14	5,193	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	333,203	158,638	103,406	0	74,054	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	58,763,757	9,534,554	5,914,531	1,596,488	4,109,803	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,426,623					10.00
11.00	01100	0	2,911,088				11.00
13.00	01300	0	86,398	5,609,573			13.00
14.00	01400	0	69,518	251,166	2,824,966		14.00
15.00	01500	0	91,506	330,875	0	7,058,439	15.00
16.00	01600	0	81,956	0	0	0	16.00
17.00	01700	0	0	205	0	0	17.00
20.00	02000	0	96,614	0	1,199	165	20.00
20.01	02001	0	0	0	0	0	20.01
20.02	02002	0	18,879	0	178	0	20.02
22.00	02200	0	13,770	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,150,622	656,977	2,375,772	81,970	2,277	30.00
31.00	03100	147,886	208,776	755,298	63,793	586	31.00
43.00	04300	10,525	13,770	49,828	3,399	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	119	219,881	795,450	0	658	50.00
51.00	05100	0	26,874	97,343	0	0	51.00
52.00	05200	25,873	33,759	122,421	59	92	52.00
53.00	05300	0	0	0	55,074	29,000	53.00
54.00	05400	0	98,613	0	68,383	1,408	54.00
54.01	05401	0	37,091	0	0	0	54.01
55.00	05500	30,496	115,271	417,036	13,564	119	55.00
56.00	05600	0	13,326	0	1,381	137	56.00
57.00	05700	0	33,982	0	47,549	2,166	57.00
58.00	05800	0	18,879	0	15,764	105	58.00
59.00	05900	12,845	80,845	0	87,375	196	59.00
60.00	06000	0	219,214	0	8,494	333	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	72,405	0	0	669	65.00
66.00	06600	0	101,056	0	3,607	47	66.00
67.00	06700	0	8,662	0	2,061	0	67.00
68.00	06800	0	6,219	0	170	0	68.00
69.00	06900	0	19,323	0	2,981	189	69.00
70.00	07000	0	17,990	0	1,367	0	70.00
71.00	07100	0	0	0	2,176,946	2	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	11,251	6,855,935	73.00
75.01	07501	13,942	84,399	305,071	37,137	1,411	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03340	0	17,324	62,952	11,375	200	76.01
76.97	07697	0	15,769	0	230	0	76.97
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	12,660	46,156	26,989	0	90.00
91.00	09100	34,315	153,472	0	87,995	642	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	15,325	0	34	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		1,426,623	2,760,503	5,609,573	2,810,325	6,896,337	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	11,771	0	14,221	162,102	192.00
193.01	19301	0	0	0	0	0	193.01
193.02	19302	0	138,814	0	420	0	193.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,426,623	2,911,088	5,609,573	2,824,966	7,058,439	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	
			16.00	17.00	20.00	20.01	20.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,560,420					16.00
17.00	01700	SOCIAL SERVICE	0	39,286				17.00
20.00	02000	NURSING SCHOOL	0	0	4,909,588			20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0		20.01
20.02	02002	PARAMED TRAINING	0	0			1,277,850	20.02
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	260,575	31,398	2,856,925	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	153,509	6,982	1,144,551	0	0	31.00
43.00	04300	NURSERY	6,244	906	106,125	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	193,106	0	130,089	0	0	50.00
51.00	05100	RECOVERY ROOM	20,150	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,340	0	261,090	15,340	0	52.00
53.00	05300	ANESTHESIOLOGY	64,037	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	128,344	0	0	0	0	54.00
54.01	05401	ULTRASOUND	113,411	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	148,911	0	15,063	0	0	55.00
56.00	05600	RADIOISOTOPE	64,876	0	0	0	0	56.00
57.00	05700	CT SCAN	216,532	0	0	0	0	57.00
58.00	05800	MRI	63,423	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	171,419	0	30,126	0	0	59.00
60.00	06000	LABORATORY	495,414	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	25,381	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	61,487	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	43,760	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,068	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,412	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27,952	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,685	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	291,277	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	284,742	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	427,374	0	0	0	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	23,154	0	78,510	0	0	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	18,829	0	106,810	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	3,674	0	17,802	0	0	76.97
76.99	07699	LI THOTRI PSY	2,076	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,537	0	0	0	0	90.00
91.00	09100	EMERGENCY	194,721	0	162,497	0	1,277,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,560,420	39,286	4,909,588	0	1,277,850	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.01	19301	CONVENT	0	0	0	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	0	0	0	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,560,420	39,286	4,909,588	0	1,277,850	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
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2/27/2017 4:53 pm

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	SERVICES-OTHER PRGM. COSTS					
	22.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.00 00500	ADMINISTRATIVE & GENERAL				5.00	
6.00 00600	MAINTENANCE & REPAIRS				6.00	
7.00 00700	OPERATION OF PLANT				7.00	
8.00 00800	LAUNDRY & LINEN SERVICE				8.00	
9.00 00900	HOUSEKEEPING				9.00	
10.00 01000	DIETARY				10.00	
11.00 01100	CAFETERIA				11.00	
13.00 01300	NURSING ADMINISTRATION				13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00	
15.00 01500	PHARMACY				15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00	
17.00 01700	SOCIAL SERVICE				17.00	
20.00 02000	NURSING SCHOOL				20.00	
20.01 02001	MEDTECH SCHOOL				20.01	
20.02 02002	PARAMED TRAINING				20.02	
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	723,108			22.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	260,034	42,329,915	-260,034	42,069,881	30.00
31.00 03100	INTENSIVE CARE UNIT	0	17,480,233	0	17,480,233	31.00
43.00 04300	NURSERY	0	1,143,361	0	1,143,361	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	258,891	22,594,108	-258,891	22,335,217	50.00
51.00 05100	RECOVERY ROOM	0	2,616,166	0	2,616,166	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	2,779,907	0	2,779,907	52.00
53.00 05300	ANESTHESIOLOGY	18,312	1,638,577	-18,312	1,620,265	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,923	9,080,731	-18,923	9,061,808	54.00
54.01 05401	ULTRASOUND	0	3,243,243	0	3,243,243	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	10,175,411	0	10,175,411	55.00
56.00 05600	RADIOISOTOPE	0	2,903,273	0	2,903,273	56.00
57.00 05700	CT SCAN	0	4,444,504	0	4,444,504	57.00
58.00 05800	MRI	0	3,042,656	0	3,042,656	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	7,287,656	0	7,287,656	59.00
60.00 06000	LABORATORY	9,461	14,169,147	-9,461	14,159,686	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	1,695,858	0	1,695,858	63.00
65.00 06500	RESPIRATORY THERAPY	0	4,062,684	0	4,062,684	65.00
66.00 06600	PHYSICAL THERAPY	0	6,618,374	0	6,618,374	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	733,729	0	733,729	67.00
68.00 06800	SPEECH PATHOLOGY	0	379,888	0	379,888	68.00
69.00 06900	ELECTROCARDIOLOGY	0	858,781	0	858,781	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,317,610	0	1,317,610	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,442,292	0	17,442,292	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,419,242	0	23,419,242	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	41,974,557	0	41,974,557	73.00
75.01 07501	SURGERY/CARDIAC AMB DAY CARE	0	5,882,770	0	5,882,770	75.01
76.00 03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01 03340	GASTROINTESTINAL SERVICES	0	2,039,802	0	2,039,802	76.01
76.97 07697	CARDIAC REHABILITATION	0	1,051,956	0	1,051,956	76.97
76.99 07699	LITHOTRIPSY	0	189,216	0	189,216	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	111,095	1,902,272	-111,095	1,791,177	90.00
91.00 09100	EMERGENCY	18,618	12,990,791	-18,618	12,972,173	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	152,072	0	152,072	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	695,334	267,640,782	-695,334	266,945,448	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	27,774	25,496,142	-27,774	25,468,368	192.00
193.01 19301	CONVENT	0	36,233	0	36,233	193.01
193.02 19302	MED TRANS / WELLNESS / FDN	0	2,149,876	0	2,149,876	193.02
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	723,108	295,323,033	-723,108	294,599,925	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/27/2017 4:53 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
	0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	516,419	1,169,199	5.00
6.00	00600	MAINTENANCE & REPAIRS	136,191	1,053,120	6.00
7.00	00700	OPERATION OF PLANT	82,612	354,057	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	65,531	8.00
9.00	00900	HOUSEKEEPING	180	141,604	9.00
10.00	01000	DIETARY	2,482	103,297	10.00
11.00	01100	CAFETERIA	0	161,364	11.00
13.00	01300	NURSING ADMINISTRATION	4,501	27,410	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,146	94,602	14.00
15.00	01500	PHARMACY	241,883	80,495	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,684	81,298	16.00
17.00	01700	SOCIAL SERVICE	1,085	8,135	17.00
20.00	02000	NURSING SCHOOL	5,857	867,555	20.00
20.01	02001	MEDTECH SCHOOL	0	0	20.01
20.02	02002	PARAMED TRAINING	30,601	0	20.02
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,320	1,146,565	30.00
31.00	03100	INTENSIVE CARE UNIT	1,085	438,732	31.00
43.00	04300	NURSERY	0	48,756	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,016,983	605,712	50.00
51.00	05100	RECOVERY ROOM	217	166,775	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	108,242	52.00
53.00	05300	ANESTHESIOLOGY	0	3,041	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,313,701	327,841	54.00
54.01	05401	ULTRASOUND	59,394	57,041	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,931	381,915	55.00
56.00	05600	RADIOISOTOPE	235,992	23,455	56.00
57.00	05700	CT SCAN	937,105	26,141	57.00
58.00	05800	MRI	439,669	101,543	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,817	144,011	59.00
60.00	06000	LABORATORY	537,297	215,923	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	10,672	66,725	65.00
66.00	06600	PHYSICAL THERAPY	317,630	242,214	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	26,962	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,598	68.00
69.00	06900	ELECTROCARDIOLOGY	1,099	21,719	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	149,403	28,306	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	431,090	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,232	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	3,549	89,993	75.01
76.00	03950	DIABETIC SERVICE	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	8	92,083	76.01
76.97	07697	CARDIAC REHABILITATION	144,684	4,795	76.97
76.99	07699	LITHOTRIPSY	0	9,833	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	135,978	26,459	90.00
91.00	09100	EMERGENCY	22,861	265,892	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	28,866	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,849,126	8,919,037	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	812,378	497,153	192.00
193.01	19301	CONVENT	0	8,546	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	758	121,863	193.02
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		TOTAL (sum lines 118-201)	7,662,262	9,546,599	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/27/2017 4:53 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,508,261				5.00
6.00	00600	MAINTENANCE & REPAIRS	80,979	1,481,222			6.00
7.00	00700	OPERATION OF PLANT	46,319	71,602	728,218		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,363	13,253	6,846	97,993	8.00
9.00	00900	HOUSEKEEPING	32,319	28,637	14,794	0	232,052
10.00	01000	DIETARY	9,697	20,890	10,792	0	3,544
11.00	01100	CAFETERIA	20,945	32,633	16,859	0	5,537
13.00	01300	NURSING ADMINISTRATION	46,267	5,543	2,864	0	940
14.00	01400	CENTRAL SERVICES & SUPPLY	18,747	19,132	9,884	2,215	3,246
15.00	01500	PHARMACY	54,476	16,279	8,410	0	2,762
16.00	01600	MEDICAL RECORDS & LIBRARY	27,639	16,441	8,494	0	2,789
17.00	01700	SOCIAL SERVICE	141	1,645	850	0	279
20.00	02000	NURSING SCHOOL	20,544	175,450	90,638	0	29,767
20.01	02001	MEDTECH SCHOOL	0	0	0	0	0
20.02	02002	PARAMED TRAINING	10,691	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	6,025	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	262,919	231,875	119,788	32,824	39,342
31.00	03100	INTENSIVE CARE UNIT	116,108	88,727	45,837	7,251	15,054
43.00	04300	NURSERY	6,829	9,860	5,094	863	1,673
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	162,455	122,496	63,282	12,139	20,783
51.00	05100	RECOVERY ROOM	16,894	33,728	17,424	1,391	5,722
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,886	21,890	11,309	2,120	3,714
53.00	05300	ANESTHESIOLOGY	12,432	615	318	0	104
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,514	66,301	34,251	1,804	11,249
54.01	05401	ULTRASOUND	24,799	11,536	5,959	956	1,957
55.00	05500	RADIOLOGY-THERAPEUTIC	70,800	77,236	39,901	2,796	13,104
56.00	05600	RADIOISOTOPE	23,432	4,743	2,450	0	805
57.00	05700	CT SCAN	34,376	5,287	2,731	1,513	897
58.00	05800	MRI	22,546	20,535	10,609	605	3,484
59.00	05900	CARDIAC CATHETERIZATION	54,646	29,124	15,046	4,517	4,941
60.00	06000	LABORATORY	109,058	43,667	22,559	3	7,409
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,188	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	31,798	13,494	6,971	7	2,289
66.00	06600	PHYSICAL THERAPY	49,277	48,984	25,305	0	8,311
67.00	06700	OCCUPATIONAL THERAPY	5,458	5,453	2,817	0	925
68.00	06800	SPEECH PATHOLOGY	3,021	1,132	585	0	192
69.00	06900	ELECTROCARDIOLOGY	6,305	4,392	2,269	369	745
70.00	07000	ELECTROENCEPHALOGRAPHY	10,184	5,724	2,957	90	971
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	127,178	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	196,486	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	294,420	1,260	651	0	214
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	42,309	18,200	9,402	6,720	3,088
76.00	03950	DIABETIC SERVICE	0	0	0	0	0
76.01	03340	GASTROINTESTINAL SERVICES	13,187	18,622	9,620	961	3,160
76.97	07697	CARDIAC REHABILITATION	8,504	970	501	0	165
76.99	07699	LITHOTRIPSY	1,359	1,989	1,027	0	337
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	13,758	5,351	2,764	0	908
91.00	09100	EMERGENCY	85,104	53,773	27,779	18,848	9,123
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	485	5,838	3,016	0	990
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,290,867	1,354,307	662,653	97,992	210,520
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	203,065	100,542	51,940	0	17,058
193.01	19301	CONVENT	107	1,728	893	1	293
193.02	19302	MED TRANS / WELLNESS / FDN	14,222	24,645	12,732	0	4,181
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,508,261	1,481,222	728,218	97,993	232,052

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/27/2017 4:53 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	156,067					10.00
11.00	01100	0	253,015				11.00
13.00	01300	0	7,509	242,095			13.00
14.00	01400	0	6,042	10,840	330,200		14.00
15.00	01500	0	7,953	14,280	0	493,459	15.00
16.00	01600	0	7,123	0	0	0	16.00
17.00	01700	0	0	9	0	0	17.00
20.00	02000	0	8,397	0	140	12	20.00
20.01	02001	0	0	0	0	0	20.01
20.02	02002	0	1,641	0	21	0	20.02
22.00	02200	0	1,197	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	125,875	57,099	102,532	9,581	159	30.00
31.00	03100	16,178	18,146	32,597	7,457	41	31.00
43.00	04300	1,151	1,197	2,150	397	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	13	19,111	34,330	0	46	50.00
51.00	05100	0	2,336	4,201	0	0	51.00
52.00	05200	2,830	2,934	5,283	7	6	52.00
53.00	05300	0	0	0	6,437	2,027	53.00
54.00	05400	0	8,571	0	7,993	98	54.00
54.01	05401	0	3,224	0	0	0	54.01
55.00	05500	3,336	10,019	17,998	1,585	8	55.00
56.00	05600	0	1,158	0	161	10	56.00
57.00	05700	0	2,953	0	5,558	151	57.00
58.00	05800	0	1,641	0	1,843	7	58.00
59.00	05900	1,405	7,027	0	10,213	14	59.00
60.00	06000	0	19,053	0	993	23	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	6,293	0	0	47	65.00
66.00	06600	0	8,783	0	422	3	66.00
67.00	06700	0	753	0	241	0	67.00
68.00	06800	0	541	0	20	0	68.00
69.00	06900	0	1,679	0	348	13	69.00
70.00	07000	0	1,564	0	160	0	70.00
71.00	07100	0	0	0	254,454	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	1,315	479,304	73.00
75.01	07501	1,525	7,335	13,166	4,341	99	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03340	0	1,506	2,717	1,330	14	76.01
76.97	07697	0	1,371	0	27	0	76.97
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	1,100	1,992	3,155	0	90.00
91.00	09100	3,754	13,339	0	10,286	45	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	1,332	0	4	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		156,067	239,927	242,095	328,489	482,127	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	1,023	0	1,662	11,332	192.00
193.01	19301	0	0	0	0	0	193.01
193.02	19302	0	12,065	0	49	0	193.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		156,067	253,015	242,095	330,200	493,459	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0233		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/27/2017 4:53 pm	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	
			16.00	17.00	20.00	20.01	20.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	149,045					16.00
17.00	01700	SOCIAL SERVICE	0	12,144				17.00
20.00	02000	NURSING SCHOOL	0	0	1,226,430			20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0		20.01
20.02	02002	PARAMED TRAINING	0	0			42,954	20.02
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,946	9,706				30.00
31.00	03100	INTENSIVE CARE UNIT	6,449	2,158				31.00
43.00	04300	NURSERY	262	280				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,112	0				50.00
51.00	05100	RECOVERY ROOM	846	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	644	0				52.00
53.00	05300	ANESTHESIOLOGY	2,690	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,391	0				54.00
54.01	05401	ULTRASOUND	4,764	0				54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,255	0				55.00
56.00	05600	RADIOISOTOPE	2,725	0				56.00
57.00	05700	CT SCAN	9,096	0				57.00
58.00	05800	MRI	2,664	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	7,201	0				59.00
60.00	06000	LABORATORY	20,294	0				60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,066	0				63.00
65.00	06500	RESPIRATORY THERAPY	2,583	0				65.00
66.00	06600	PHYSICAL THERAPY	1,838	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	255	0				67.00
68.00	06800	SPEECH PATHOLOGY	101	0				68.00
69.00	06900	ELECTROCARDIOLOGY	1,174	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	827	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,236	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,961	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,953	0				73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	973	0				75.01
76.00	03950	DIABETIC SERVICE	0	0				76.00
76.01	03340	GASTROINTESTINAL SERVICES	791	0				76.01
76.97	07697	CARDIAC REHABILITATION	154	0				76.97
76.99	07699	LI THOTRI PSY	87	0				76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	527	0				90.00
91.00	09100	EMERGENCY	8,180	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0				95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	149,045	12,144	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
193.01	19301	CONVENT	0	0				193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0				193.02
200.00		Cross Foot Adjustments			1,226,430	0	42,954	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	149,045	12,144	1,226,430	0	42,954	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/27/2017 4:53 pm
Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM. COSTS				
	22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
20.00	02000	NURSING SCHOOL			20.00
20.01	02001	MEDTECH SCHOOL			20.01
20.02	02002	PARAMED TRAINING			20.02
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	7,222		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,397,981	0	30.00
31.00	03100	INTENSIVE CARE UNIT	858,771	0	31.00
43.00	04300	NURSERY	88,338	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	2,877,815	0	50.00
51.00	05100	RECOVERY ROOM	284,855	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	220,859	0	52.00
53.00	05300	ANESTHESIOLOGY	200,328	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,211,086	0	54.00
54.01	05401	ULTRASOUND	446,092	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,520,446	0	55.00
56.00	05600	RADIOISOTOPE	362,296	0	56.00
57.00	05700	CT SCAN	1,030,882	0	57.00
58.00	05800	MRI	722,823	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	954,721	0	59.00
60.00	06000	LABORATORY	1,133,673	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	28,415	0	63.00
65.00	06500	RESPIRATORY THERAPY	233,464	0	65.00
66.00	06600	PHYSICAL THERAPY	716,834	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,864	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,777	0	68.00
69.00	06900	ELECTROCARDIOLOGY	51,120	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234,910	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	824,958	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	208,447	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	803,743	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	258,420	0	75.01
76.00	03950	DIABETIC SERVICE	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	234,592	0	76.01
76.97	07697	CARDIAC REHABILITATION	181,647	0	76.97
76.99	07699	LITHOTRIpsy	14,632	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	193,982	0	90.00
91.00	09100	EMERGENCY	653,107	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	41,128	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	20,045,006	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,907,956	0	192.00
193.01	19301	CONVENT	11,568	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	324,684	0	193.02
200.00		Cross Foot Adjustments	7,222	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	7,222	23,565,820	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 4:53 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	511,632				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		6,276,730			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	105,830,877		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	62,661	812,261	13,902,999	-58,763,757	5.00
6.00 00600	MAINTENANCE & REPAIRS	56,440	208,270	1,334,151	0	6.00
7.00 00700	OPERATION OF PLANT	18,975	171,437	596,292	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,512	0	128,664	0	8.00
9.00 00900	HOUSEKEEPING	7,589	14,335	1,646,941	0	9.00
10.00 01000	DIETARY	5,536	5,297	339,694	0	10.00
11.00 01100	CAFETERIA	8,648	15,479	1,230,460	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,469	145,205	3,001,776	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,070	110,928	1,239,861	0	14.00
15.00 01500	PHARMACY	4,314	66,076	3,443,130	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,357	2,544	1,666,195	0	16.00
17.00 01700	SOCIAL SERVICE	436	0	1,125	0	17.00
20.00 02000	NURSING SCHOOL	46,495	27,716	3,302,719	0	20.00
20.01 02001	MEDTECH SCHOOL	0	0	0	0	20.01
20.02 02002	PARAMED TRAINING	0	0	696,896	0	20.02
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	302,787	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	61,448	243,340	15,916,022	0	30.00
31.00 03100	INTENSIVE CARE UNIT	23,513	62,157	5,949,959	0	31.00
43.00 04300	NURSERY	2,613	9,702	356,649	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	32,462	802,101	6,078,727	0	50.00
51.00 05100	RECOVERY ROOM	8,938	34,875	1,012,282	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,801	44,426	876,236	0	52.00
53.00 05300	ANESTHESIOLOGY	163	170,485	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,570	362,736	2,709,866	0	54.00
54.01 05401	ULTRASOUND	3,057	272,973	1,299,799	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	20,468	880,306	3,604,487	0	55.00
56.00 05600	RADIOISOTOPE	1,257	66,515	472,995	0	56.00
57.00 05700	CT SCAN	1,401	5,010	1,091,084	0	57.00
58.00 05800	MRI	5,442	116,192	749,664	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	7,718	661,306	2,479,749	0	59.00
60.00 06000	LABORATORY	11,572	155,408	5,275,027	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	12,995	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	3,576	91,417	2,091,224	0	65.00
66.00 06600	PHYSICAL THERAPY	12,981	13,889	2,920,374	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,445	0	287,757	0	67.00
68.00 06800	SPEECH PATHOLOGY	300	580	208,339	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,164	10,869	375,300	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,517	34,286	463,528	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	334	2,364	0	0	73.00
75.01 07501	SURGERY/CARDIAC AMB DAY CARE	4,823	56,992	2,611,420	0	75.01
76.00 03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01 03340	GASTROINTESTINAL SERVICES	4,935	89,450	626,024	0	76.01
76.97 07697	CARDIAC REHABILITATION	257	20,218	454,115	0	76.97
76.99 07699	LITHOTRIPSY	527	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,418	1,965	378,825	0	90.00
91.00 09100	EMERGENCY	14,250	132,430	4,316,957	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,547	589	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	477,999	5,935,124	95,440,099	-58,763,757	216,056,141
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	26,644	209,130	7,336,015	0	192.00
193.01 19301	CONVENT	458	0	0	0	193.01
193.02 19302	MED TRANS / WELLNESS / FDN	6,531	132,476	3,054,763	0	193.02
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	9,546,599	6,356,959	33,387,897		58,763,757

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
2/27/2017 4:53 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
203.00	Unit cost multiplier (Wkst. B, Part I)	18.659112	1.012782	0.315484		0.248410	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		2,508,261	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.010603	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0233			Period: From 10/01/2015 To 09/30/2016		Worksheet B-1 Date/Time Prepared: 2/27/2017 4:53 pm	
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
205.00	Unit cost multiplier (Wkst. B, Part II)	3.773516	1.949421	0.075990	0.640223	0.999456	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 4:53 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	13,107					11.00
13.00	01300	NURSING ADMINISTRATION	389	1,452,834				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	313	65,050	15,477,237			14.00
15.00	01500	PHARMACY	412	85,694	0	28,893,924		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	369	0	0	0	1,323,718,149	16.00
17.00	01700	SOCIAL SERVICE	0	53	0	0	0	17.00
20.00	02000	NURSING SCHOOL	435	0	6,567	675	0	20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0	0	20.01
20.02	02002	PARAMED TRAINING	85	0	974	0	0	20.02
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	62	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,958	615,306	449,090	9,321	96,868,169	30.00
31.00	03100	INTENSIVE CARE UNIT	940	195,616	349,502	2,400	57,066,586	31.00
43.00	04300	NURSERY	62	12,905	18,621	0	2,321,133	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	990	206,015	0	2,693	71,786,492	50.00
51.00	05100	RECOVERY ROOM	121	25,211	0	0	7,490,761	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	152	31,706	321	377	5,702,681	52.00
53.00	05300	ANESTHESIOLOGY	0	0	301,734	118,714	23,805,673	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	444	0	374,651	5,764	47,711,369	54.00
54.01	05401	ULTRASOUND	167	0	0	0	42,160,392	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	519	108,009	74,314	489	55,357,163	55.00
56.00	05600	RADIOISOTOPE	60	0	7,567	562	24,117,413	56.00
57.00	05700	CT SCAN	153	0	260,510	8,868	80,495,342	57.00
58.00	05800	MRI	85	0	86,366	431	23,577,420	58.00
59.00	05900	CARDIAC CATHETERIZATION	364	0	478,706	801	63,724,546	59.00
60.00	06000	LABORATORY	987	0	46,535	1,364	184,310,714	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	9,435,373	63.00
65.00	06500	RESPIRATORY THERAPY	326	0	0	2,739	22,857,683	65.00
66.00	06600	PHYSICAL THERAPY	455	0	19,760	192	16,267,662	66.00
67.00	06700	OCCUPATIONAL THERAPY	39	0	11,293	0	2,255,687	67.00
68.00	06800	SPEECH PATHOLOGY	28	0	929	0	896,483	68.00
69.00	06900	ELECTROCARDIOLOGY	87	0	16,330	773	10,391,107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	81	0	7,489	0	7,317,901	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	11,926,929	7	108,281,591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	105,852,053	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	61,640	28,064,963	158,875,020	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	380	79,011	203,462	5,776	8,607,336	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	78	16,304	62,321	820	6,999,606	76.01
76.97	07697	CARDIAC REHABILITATION	71	0	1,260	0	1,365,824	76.97
76.99	07699	LITHOTRIPSY	0	0	0	0	771,729	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	57	11,954	147,866	0	4,660,428	90.00
91.00	09100	EMERGENCY	691	0	482,100	2,627	72,386,812	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	69	0	188	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,429	1,452,834	15,397,025	28,230,356	1,323,718,149	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	53	0	77,911	663,568	0	192.00
193.01	19301	CONVENT	0	0	0	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	625	0	2,301	0	0	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,911,088	5,609,573	2,824,966	7,058,439	3,560,420	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	222.101778	3.861125	0.182524	0.244288	0.002690	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 4:53 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	253,015	242,095	330,200	493,459	149,045	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	19.303807	0.166636	0.021335	0.017078	0.000113	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 4:53 pm

Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	INTERNS & RESIDENTS	
	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	
	17.00	20.00	20.01	20.02	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.00 00500						5.00
6.00 00600						6.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100						11.00
13.00 01300						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700	50,682					17.00
20.00 02000	0	21,512				20.00
20.01 02001	0		0			20.01
20.02 02002	0			100		20.02
22.00 02200	0				18,954	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	40,506	12,518	0	0	6,816	30.00
31.00 03100	9,007	5,015	0	0	0	31.00
43.00 04300	1,169	465	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	0	570	0	0	6,786	50.00
51.00 05100	0	0	0	0	0	51.00
52.00 05200	0	1,144	0	0	0	52.00
53.00 05300	0	0	0	0	480	53.00
54.00 05400	0	0	0	0	496	54.00
54.01 05401	0	0	0	0	0	54.01
55.00 05500	0	66	0	0	0	55.00
56.00 05600	0	0	0	0	0	56.00
57.00 05700	0	0	0	0	0	57.00
58.00 05800	0	0	0	0	0	58.00
59.00 05900	0	132	0	0	0	59.00
60.00 06000	0	0	0	0	248	60.00
63.00 06300	0	0	0	0	0	63.00
65.00 06500	0	0	0	0	0	65.00
66.00 06600	0	0	0	0	0	66.00
67.00 06700	0	0	0	0	0	67.00
68.00 06800	0	0	0	0	0	68.00
69.00 06900	0	0	0	0	0	69.00
70.00 07000	0	0	0	0	0	70.00
71.00 07100	0	0	0	0	0	71.00
72.00 07200	0	0	0	0	0	72.00
73.00 07300	0	0	0	0	0	73.00
75.01 07501	0	344	0	0	0	75.01
76.00 03950	0	0	0	0	0	76.00
76.01 03340	0	468	0	0	0	76.01
76.97 07697	0	78	0	0	0	76.97
76.99 07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	0	0	0	0	2,912	90.00
91.00 09100	0	712	0	100	488	91.00
92.00 09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	50,682	21,512	0	100	18,226	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	0	0	0	0	190.00
192.00 19200	0	0	0	0	728	192.00
193.01 19301	0	0	0	0	0	193.01
193.02 19302	0	0	0	0	0	193.02
200.00						200.00
201.00						201.00
202.00	39,286	4,909,588	0	1,277,850	723,108	202.00
203.00	0.775147	228.225549	0.000000	12,778.500000	38.150681	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	INTERNS & RESIDENTS	
	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	
	17.00	20.00	20.01	20.02	22.00	
204.00 Cost to be allocated (per Wkst. B, Part II)	12,144	1,226,430	0	42,954	7,222	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.239612	57.011435	0.000000	429.540000	0.381028	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/27/2017 4:53 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		42,069,881	7,321	42,077,202	30.00
31.00	03100 INTENSIVE CARE UNIT		17,480,233	52,430	17,532,663	31.00
43.00	04300 NURSERY		1,143,361	5,682	1,149,043	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		22,335,217	226,161	22,561,378	50.00
51.00	05100 RECOVERY ROOM		2,616,166	0	2,616,166	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,779,907	14,009	2,793,916	52.00
53.00	05300 ANESTHESIOLOGY		1,620,265	389,454	2,009,719	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,061,808	0	9,061,808	54.00
54.01	05401 ULTRASOUND		3,243,243	0	3,243,243	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		10,175,411	161,304	10,336,715	55.00
56.00	05600 RADIOISOTOPE		2,903,273	0	2,903,273	56.00
57.00	05700 CT SCAN		4,444,504	0	4,444,504	57.00
58.00	05800 MRI		3,042,656	0	3,042,656	58.00
59.00	05900 CARDIAC CATHETERIZATION		7,287,656	0	7,287,656	59.00
60.00	06000 LABORATORY		14,159,686	0	14,159,686	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		1,695,858	0	1,695,858	63.00
65.00	06500 RESPIRATORY THERAPY	0	4,062,684	407	4,063,091	65.00
66.00	06600 PHYSICAL THERAPY	0	6,618,374	0	6,618,374	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	733,729	0	733,729	67.00
68.00	06800 SPEECH PATHOLOGY	0	379,888	0	379,888	68.00
69.00	06900 ELECTROCARDIOLOGY		858,781	0	858,781	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,317,610	1,146	1,318,756	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		17,442,292	0	17,442,292	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		23,419,242	0	23,419,242	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		41,974,557	0	41,974,557	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE		5,882,770	21,167	5,903,937	75.01
76.00	03950 DIABETIC SERVICE		0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES		2,039,802	3,880	2,043,682	76.01
76.97	07697 CARDIAC REHABILITATION		1,051,956	0	1,051,956	76.97
76.99	07699 LI THOTRI PSY		189,216	0	189,216	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		1,791,177	0	1,791,177	90.00
91.00	09100 EMERGENCY		12,972,173	1,206,086	14,178,259	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,068,302	0	3,068,302	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		152,072	0	152,072	95.00
200.00	Subtotal (see instructions)	0	270,013,750	2,089,047	272,102,797	200.00
201.00	Less Observation Beds		3,068,302	0	3,068,302	201.00
202.00	Total (see instructions)	0	266,945,448	2,089,047	269,034,495	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0233		Period: From 10/01/2015 To 09/30/2016		Worksheet C Part I Date/Time Prepared: 2/27/2017 4:53 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	89,505,441		89,505,441				30.00
31.00	03100	INTENSIVE CARE UNIT	56,994,521		56,994,521				31.00
43.00	04300	NURSERY	2,321,133		2,321,133				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	40,592,181	31,194,311	71,786,492	0.311134	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,093,777	4,396,984	7,490,761	0.349252	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,566,255	136,426	5,702,681	0.487474	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	12,372,078	11,433,595	23,805,673	0.068062	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,092,196	35,619,173	47,711,369	0.189930	0.000000		54.00
54.01	05401	ULTRASOUND	12,632,568	29,527,824	42,160,392	0.076926	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,215,703	54,141,460	55,357,163	0.183814	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,912,838	21,204,575	24,117,413	0.120381	0.000000		56.00
57.00	05700	CT SCAN	26,230,458	54,264,885	80,495,343	0.055214	0.000000		57.00
58.00	05800	MRI	6,198,835	17,378,585	23,577,420	0.129050	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	27,431,025	36,293,521	63,724,546	0.114362	0.000000		59.00
60.00	06000	LABORATORY	79,054,873	105,255,841	184,310,714	0.076825	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,038,877	2,396,496	9,435,373	0.179734	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	21,087,842	1,769,841	22,857,683	0.177738	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,257,052	11,010,610	16,267,662	0.406842	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,363,300	892,387	2,255,687	0.325280	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	649,071	247,412	896,483	0.423754	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	2,811,533	7,579,574	10,391,107	0.082646	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	517,128	6,800,773	7,317,901	0.180053	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	67,522,205	40,759,386	108,281,591	0.161083	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,583,848	32,268,206	105,852,054	0.221245	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,825,083	105,049,937	158,875,020	0.264199	0.000000		73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	216,139	8,391,197	8,607,336	0.683460	0.000000		75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0.000000	0.000000		76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,723,441	4,276,165	6,999,606	0.291417	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	825	1,364,999	1,365,824	0.770199	0.000000		76.97
76.99	07699	LITHOTRIPSY	62,595	709,134	771,729	0.245185	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	40,215	4,620,213	4,660,428	0.384337	0.000000		90.00
91.00	09100	EMERGENCY	26,365,866	46,020,946	72,386,812	0.179206	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,191,977	6,242,986	7,434,963	0.412686	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
200.00		Subtotal (see instructions)	642,470,879	681,247,442	1,323,718,321				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	642,470,879	681,247,442	1,323,718,321				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 4:53 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.314284		50.00
51.00	05100 RECOVERY ROOM	0.349252		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.489930		52.00
53.00	05300 ANESTHESIOLOGY	0.084422		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.189930		54.00
54.01	05401 ULTRASOUND	0.076926		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.186728		55.00
56.00	05600 RADIOISOTOPE	0.120381		56.00
57.00	05700 CT SCAN	0.055214		57.00
58.00	05800 MRI	0.129050		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.114362		59.00
60.00	06000 LABORATORY	0.076825		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.179734		63.00
65.00	06500 RESPIRATORY THERAPY	0.177756		65.00
66.00	06600 PHYSICAL THERAPY	0.406842		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.325280		67.00
68.00	06800 SPEECH PATHOLOGY	0.423754		68.00
69.00	06900 ELECTROCARDIOLOGY	0.082646		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.180210		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.161083		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.221245		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264199		73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	0.685919		75.01
76.00	03950 DIABETIC SERVICE	0.000000		76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.291971		76.01
76.97	07697 CARDIAC REHABILITATION	0.770199		76.97
76.99	07699 LI THOTRI PSY	0.245185		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.384337		90.00
91.00	09100 EMERGENCY	0.195868		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.412686		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 4:53 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		42,329,915	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		17,480,233	0	0	31.00
43.00	04300 NURSERY		1,143,361	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		22,594,108	0	0	50.00
51.00	05100 RECOVERY ROOM		2,616,166	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,779,907	0	0	52.00
53.00	05300 ANESTHESIOLOGY		1,638,577	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,080,731	0	0	54.00
54.01	05401 ULTRASOUND		3,243,243	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		10,175,411	0	0	55.00
56.00	05600 RADIOISOTOPE		2,903,273	0	0	56.00
57.00	05700 CT SCAN		4,444,504	0	0	57.00
58.00	05800 MRI		3,042,656	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		7,287,656	0	0	59.00
60.00	06000 LABORATORY		14,169,147	0	0	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		1,695,858	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	4,062,684	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	6,618,374	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	733,729	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	379,888	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		858,781	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,317,610	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		17,442,292	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		23,419,242	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		41,974,557	0	0	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE		5,882,770	0	0	75.01
76.00	03950 DIABETIC SERVICE		0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES		2,039,802	0	0	76.01
76.97	07697 CARDIAC REHABILITATION		1,051,956	0	0	76.97
76.99	07699 LI THOTRI PSY		189,216	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		1,902,272	0	0	90.00
91.00	09100 EMERGENCY		12,990,791	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		152,072	0	0	95.00
200.00	Subtotal (see instructions)		267,640,782	0	0	200.00
201.00	Less Observation Beds		0	0	0	201.00
202.00	Total (see instructions)		267,640,782	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0233		Period: From 10/01/2015 To 09/30/2016		Worksheet C Part I Date/Time Prepared: 2/27/2017 4:53 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	89,505,441		89,505,441			30.00
31.00	03100	INTENSIVE CARE UNIT	56,994,521		56,994,521			31.00
43.00	04300	NURSERY	2,321,133		2,321,133			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,592,181	32,309,024	72,901,205	0.309928	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,093,777	4,396,984	7,490,761	0.349252	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,566,255	136,426	5,702,681	0.487474	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	12,372,078	11,433,595	23,805,673	0.068831	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,092,196	35,619,173	47,711,369	0.190326	0.000000	54.00
54.01	05401	ULTRASOUND	12,632,568	29,527,824	42,160,392	0.076926	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,215,703	54,141,460	55,357,163	0.183814	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,912,838	21,204,575	24,117,413	0.120381	0.000000	56.00
57.00	05700	CT SCAN	26,230,458	54,264,885	80,495,343	0.055214	0.000000	57.00
58.00	05800	MRI	6,198,835	17,378,585	23,577,420	0.129050	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,431,025	36,293,521	63,724,546	0.114362	0.000000	59.00
60.00	06000	LABORATORY	79,054,873	105,255,841	184,310,714	0.076876	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,038,877	2,396,496	9,435,373	0.179734	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	21,087,842	1,769,841	22,857,683	0.177738	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,257,052	11,010,610	16,267,662	0.406842	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,363,300	892,387	2,255,687	0.325280	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	649,071	247,412	896,483	0.423754	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,811,533	7,579,574	10,391,107	0.082646	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	517,128	6,800,773	7,317,901	0.180053	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	67,522,205	40,759,386	108,281,591	0.161083	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,583,848	31,153,493	104,737,341	0.223600	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,825,083	105,049,937	158,875,020	0.264199	0.000000	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	216,139	8,391,197	8,607,336	0.683460	0.000000	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0.000000	0.000000	76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,723,441	4,276,165	6,999,606	0.291417	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	825	1,364,999	1,365,824	0.770199	0.000000	76.97
76.99	07699	LI THOTRI PSY	62,595	709,134	771,729	0.245185	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	40,215	4,620,213	4,660,428	0.408175	0.000000	90.00
91.00	09100	EMERGENCY	26,365,866	46,020,946	72,386,812	0.179464	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,191,977	6,242,986	7,434,963	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00		Subtotal (see instructions)	642,470,879	681,247,442	1,323,718,321			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	642,470,879	681,247,442	1,323,718,321			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 4:53 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
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	05401 ULTRASOUND	0.000000		54.01
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	0.000000		75.01
76.00	03950 DIABETIC SERVICE	0.000000		76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.000000		76.01
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0233		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part I Date/Time Prepared: 2/27/2017 4:53 pm	
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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,397,981	0	2,397,981	43,554	55.06	30.00
31.00	INTENSIVE CARE UNIT	858,771		858,771	9,007	95.34	31.00
43.00	NURSERY	88,338		88,338	1,169	75.57	43.00
200.00	Total (Lines 30-199)	3,345,090		3,345,090	53,730		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	19,268	1,060,896				
31.00	INTENSIVE CARE UNIT	3,879	369,824				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	23,147	1,430,720				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 2/27/2017 4:53 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,877,815	71,786,492	0.040089	15,927,920	638,534	50.00
51.00	05100	RECOVERY ROOM	284,855	7,490,761	0.038028	1,672,255	63,593	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	220,859	5,702,681	0.038729	22,017	853	52.00
53.00	05300	ANESTHESIOLOGY	200,328	23,805,673	0.008415	4,679,045	39,374	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,211,086	47,711,369	0.046343	5,826,926	270,037	54.00
54.01	05401	ULTRASOUND	446,092	42,160,392	0.010581	6,384,609	67,556	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,520,446	55,357,163	0.027466	503,758	13,836	55.00
56.00	05600	RADIOISOTOPE	362,296	24,117,413	0.015022	1,647,215	24,744	56.00
57.00	05700	CT SCAN	1,030,882	80,495,343	0.012807	11,699,371	149,834	57.00
58.00	05800	MRI	722,823	23,577,420	0.030657	2,727,299	83,611	58.00
59.00	05900	CARDIAC CATHETERIZATION	954,721	63,724,546	0.014982	11,851,963	177,566	59.00
60.00	06000	LABORATORY	1,133,673	184,310,714	0.006151	37,627,316	231,446	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	28,415	9,435,373	0.003012	3,305,813	9,957	63.00
65.00	06500	RESPIRATORY THERAPY	233,464	22,857,683	0.010214	10,586,948	108,135	65.00
66.00	06600	PHYSICAL THERAPY	716,834	16,267,662	0.044065	2,615,863	115,268	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,864	2,255,687	0.019003	539,988	10,261	67.00
68.00	06800	SPEECH PATHOLOGY	11,777	896,483	0.013137	373,307	4,904	68.00
69.00	06900	ELECTROCARDIOLOGY	51,120	10,391,107	0.004920	1,460,237	7,184	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234,910	7,317,901	0.032101	361,447	11,603	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	824,958	108,281,591	0.007619	28,780,456	219,278	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	208,447	105,852,054	0.001969	32,402,131	63,800	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	803,743	158,875,020	0.005059	23,195,756	117,347	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	258,420	8,607,336	0.030023	82,176	2,467	75.01
76.00	03950	DIABETIC SERVICE	0	0	0.000000	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	234,592	6,999,606	0.033515	1,303,105	43,674	76.01
76.97	07697	CARDIAC REHABILITATION	181,647	1,365,824	0.132994	624	83	76.97
76.99	07699	LI THOTRI PSY	14,632	771,729	0.018960	20,589	390	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	193,982	4,660,428	0.041623	34,961	1,455	90.00
91.00	09100	EMERGENCY	653,107	72,386,812	0.009022	11,654,831	105,150	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	174,863	7,434,963	0.023519	453,777	10,672	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	16,833,651	1,174,897,226		217,741,703	2,592,612	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0233		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part III Date/Time Prepared: 2/27/2017 4:53 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,856,925	0	0	0	2,856,925	30.00
31.00	03100	INTENSIVE CARE UNIT	1,144,551	0	0	0	1,144,551	31.00
43.00	04300	NURSERY	106,125	0	0	0	106,125	43.00
200.00		Total (lines 30-199)	4,107,601	0	0	0	4,107,601	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	43,554	65.60	19,268	1,263,981		30.00
31.00	03100	INTENSIVE CARE UNIT	9,007	127.07	3,879	492,905		31.00
43.00	04300	NURSERY	1,169	90.78	0	0		43.00
200.00		Total (lines 30-199)	53,730		23,147	1,756,886		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 4:53 pm
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	130,089	0	0	0	130,089	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	261,090	0	0	0	261,090	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,063	0	0	0	15,063	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,126	0	0	0	30,126	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	78,510	0	0	0	78,510	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	106,810	0	0	0	106,810	76.01
76.97	07697	CARDIAC REHABILITATION	0	17,802	0	0	0	17,802	76.97
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	1,440,347	0	0	0	1,440,347	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	208,329	0	0	0	208,329	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50-199)	0	2,288,166	0	0	0	2,288,166	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 4:53 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	130,089	71,786,492	0.001812	0.001812	15,927,920	50.00
51.00	05100 RECOVERY ROOM	0	7,490,761	0.000000	0.000000	1,672,255	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	261,090	5,702,681	0.045784	0.045784	22,017	52.00
53.00	05300 ANESTHESIOLOGY	0	23,805,673	0.000000	0.000000	4,679,045	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	47,711,369	0.000000	0.000000	5,826,926	54.00
54.01	05401 ULTRASOUND	0	42,160,392	0.000000	0.000000	6,384,609	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	15,063	55,357,163	0.000272	0.000272	503,758	55.00
56.00	05600 RADIOISOTOPE	0	24,117,413	0.000000	0.000000	1,647,215	56.00
57.00	05700 CT SCAN	0	80,495,343	0.000000	0.000000	11,699,371	57.00
58.00	05800 MRI	0	23,577,420	0.000000	0.000000	2,727,299	58.00
59.00	05900 CARDIAC CATHETERIZATION	30,126	63,724,546	0.000473	0.000473	11,851,963	59.00
60.00	06000 LABORATORY	0	184,310,714	0.000000	0.000000	37,627,316	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	9,435,373	0.000000	0.000000	3,305,813	63.00
65.00	06500 RESPIRATORY THERAPY	0	22,857,683	0.000000	0.000000	10,586,948	65.00
66.00	06600 PHYSICAL THERAPY	0	16,267,662	0.000000	0.000000	2,615,863	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,255,687	0.000000	0.000000	539,988	67.00
68.00	06800 SPEECH PATHOLOGY	0	896,483	0.000000	0.000000	373,307	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,391,107	0.000000	0.000000	1,460,237	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,317,901	0.000000	0.000000	361,447	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	108,281,591	0.000000	0.000000	28,780,456	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	105,852,054	0.000000	0.000000	32,402,131	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	158,875,020	0.000000	0.000000	23,195,756	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	78,510	8,607,336	0.009121	0.009121	82,176	75.01
76.00	03950 DIABETIC SERVICE	0	0	0.000000	0.000000	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	106,810	6,999,606	0.015259	0.015259	1,303,105	76.01
76.97	07697 CARDIAC REHABILITATION	17,802	1,365,824	0.013034	0.013034	624	76.97
76.99	07699 LI THOTRI PSY	0	771,729	0.000000	0.000000	20,589	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	4,660,428	0.000000	0.000000	34,961	90.00
91.00	09100 EMERGENCY	1,440,347	72,386,812	0.019898	0.019898	11,654,831	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	208,329	7,434,963	0.028020	0.028020	453,777	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	2,288,166	1,174,897,226			217,741,703	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 4:53 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	28,861	7,574,404	13,725		50.00
51.00	05100 RECOVERY ROOM	0	2,637,393	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,008	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	2,834,732	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,229,671	0		54.00
54.01	05401 ULTRASOUND	0	8,885,642	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	137	21,400,227	5,821		55.00
56.00	05600 RADIOISOTOPE	0	7,049,305	0		56.00
57.00	05700 CT SCAN	0	17,547,505	0		57.00
58.00	05800 MRI	0	2,944,007	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	5,606	16,792,128	7,943		59.00
60.00	06000 LABORATORY	0	16,693,281	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	903,986	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	552,681	0		65.00
66.00	06600 PHYSICAL THERAPY	0	49,763	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	12,331	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	1,812	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,676,947	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,070,146	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,828,868	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	11,872,790	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	33,845,386	0		73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	750	1,380,308	12,590		75.01
76.00	03950 DIABETIC SERVICE	0	0	0		76.00
76.01	03340 GASTROINTESTINAL SERVICES	19,884	1,374,776	20,978		76.01
76.97	07697 CARDIAC REHABILITATION	8	536,640	6,995		76.97
76.99	07699 LI THOTRI PSY	0	125,190	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	2,218,140	0		90.00
91.00	09100 EMERGENCY	231,908	10,802,879	214,956		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	12,715	1,593,258	44,643		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	300,877	198,434,196	327,651		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 4:53 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.311134	7,574,404	0	0	2,356,655	50.00
51.00	05100 RECOVERY ROOM	0.349252	2,637,393	0	0	921,115	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.487474	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.068062	2,834,732	0	0	192,938	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.189930	10,229,671	0	0	1,942,921	54.00
54.01	05401 ULTRASOUND	0.076926	8,885,642	0	0	683,537	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.183814	21,400,227	0	76	3,933,661	55.00
56.00	05600 RADIO SOTOPE	0.120381	7,049,305	0	0	848,602	56.00
57.00	05700 CT SCAN	0.055214	17,547,505	0	0	968,868	57.00
58.00	05800 MRI	0.129050	2,944,007	0	0	379,924	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.114362	16,792,128	0	0	1,920,381	59.00
60.00	06000 LABORATORY	0.076825	16,693,281	7,227	0	1,282,461	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.179734	903,986	0	0	162,477	63.00
65.00	06500 RESPIRATORY THERAPY	0.177738	552,681	0	0	98,232	65.00
66.00	06600 PHYSICAL THERAPY	0.406842	49,763	0	0	20,246	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.325280	12,331	0	0	4,011	67.00
68.00	06800 SPEECH PATHOLOGY	0.423754	1,812	0	0	768	68.00
69.00	06900 ELECTROCARDIOLOGY	0.082646	2,676,947	0	0	221,239	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.180053	2,070,146	0	0	372,736	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.161083	13,828,868	893	0	2,227,596	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.221245	11,872,790	32,968	0	2,626,795	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264199	33,845,386	75	280,053	8,941,917	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	0.683460	1,380,308	0	0	943,385	75.01
76.00	03950 DIABETIC SERVICE	0.000000	0	0	0	0	76.00
76.01	03340 GASTRO INTESTINAL SERVICES	0.291417	1,374,776	0	0	400,633	76.01
76.97	07697 CARDIAC REHABILITATION	0.770199	536,640	0	0	413,320	76.97
76.99	07699 LI THOTRI PSY	0.245185	125,190	0	0	30,695	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.384337	2,218,140	0	0	852,513	90.00
91.00	09100 EMERGENCY	0.179206	10,802,879	0	0	1,935,941	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.412686	1,593,258	0	0	657,515	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		198,434,196	41,163	280,129	35,341,082	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		198,434,196	41,163	280,129	35,341,082	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 4:53 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	14		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	555	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	144	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	7,294	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	20	73,990		73.00
75.01 07501 SURGERY/CARDIAC AMB DAY CARE	0	0		75.01
76.00 03950 DIABETIC SERVICE	0	0		76.00
76.01 03340 GASTROINTESTINAL SERVICES	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	8,013	74,004		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	8,013	74,004		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0233		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part I Date/Time Prepared: 2/27/2017 4:53 pm	
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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,397,981	0	2,397,981	43,554	55.06	30.00
31.00	INTENSIVE CARE UNIT	858,771		858,771	9,007	95.34	31.00
43.00	NURSERY	88,338		88,338	1,169	75.57	43.00
200.00	Total (Lines 30-199)	3,345,090		3,345,090	53,730		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	1,588	87,435				
31.00	INTENSIVE CARE UNIT	354	33,750				
43.00	NURSERY	46	3,476				
200.00	Total (Lines 30-199)	1,988	124,661				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 2/27/2017 4:53 pm
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Cost Center Description		Title XIX			Hospital	Cost
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	2,877,815	72,901,205	0.039476	0	0 50.00
51.00	05100 RECOVERY ROOM	284,855	7,490,761	0.038028	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	220,859	5,702,681	0.038729	0	0 52.00
53.00	05300 ANESTHESIOLOGY	200,328	23,805,673	0.008415	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,211,086	47,711,369	0.046343	0	0 54.00
54.01	05401 ULTRASOUND	446,092	42,160,392	0.010581	0	0 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	1,520,446	55,357,163	0.027466	0	0 55.00
56.00	05600 RADIOISOTOPE	362,296	24,117,413	0.015022	0	0 56.00
57.00	05700 CT SCAN	1,030,882	80,495,343	0.012807	0	0 57.00
58.00	05800 MRI	722,823	23,577,420	0.030657	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	954,721	63,724,546	0.014982	0	0 59.00
60.00	06000 LABORATORY	1,133,673	184,310,714	0.006151	0	0 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	28,415	9,435,373	0.003012	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	233,464	22,857,683	0.010214	0	0 65.00
66.00	06600 PHYSICAL THERAPY	716,834	16,267,662	0.044065	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	42,864	2,255,687	0.019003	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	11,777	896,483	0.013137	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	51,120	10,391,107	0.004920	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	234,910	7,317,901	0.032101	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	824,958	108,281,591	0.007619	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	208,447	104,737,341	0.001990	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	803,743	158,875,020	0.005059	0	0 73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	258,420	8,607,336	0.030023	0	0 75.01
76.00	03950 DIABETIC SERVICE	0	0	0.000000	0	0 76.00
76.01	03340 GASTROINTESTINAL SERVICES	234,592	6,999,606	0.033515	0	0 76.01
76.97	07697 CARDIAC REHABILITATION	181,647	1,365,824	0.132994	0	0 76.97
76.99	07699 LI THOTRI PSY	14,632	771,729	0.018960	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	193,982	4,660,428	0.041623	0	0 90.00
91.00	09100 EMERGENCY	653,107	72,386,812	0.009022	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,434,963	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	16,658,788	1,174,897,226		0	0,200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0233		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part III Date/Time Prepared: 2/27/2017 4:53 pm	
Cost Center Description			Title XIX		Hospital		Cost	
			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	2,856,925	0	0	0	2,856,925	30.00
31.00	03100	INTENSIVE CARE UNIT	1,144,551	0	0	0	1,144,551	31.00
43.00	04300	NURSERY	106,125	0	0	0	106,125	43.00
200.00		Total (lines 30-199)	4,107,601	0	0	0	4,107,601	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	43,554	65.60	1,588	104,173		30.00
31.00	03100	INTENSIVE CARE UNIT	9,007	127.07	354	44,983		31.00
43.00	04300	NURSERY	1,169	90.78	46	4,176		43.00
200.00		Total (lines 30-199)	53,730		1,988	153,332		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 4:53 pm
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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	130,089	0	0	130,089	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	261,090	0	0	261,090	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	05401	ULTRASOUND	0	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,063	0	0	15,063	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	30,126	0	0	30,126	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	78,510	0	0	78,510	75.01	
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00	
76.01	03340	GASTRO INTESTINAL SERVICES	0	106,810	0	0	106,810	76.01	
76.97	07697	CARDIAC REHABILITATION	0	17,802	0	0	17,802	76.97	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	1,440,347	0	0	1,440,347	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (lines 50-199)	0	2,079,837	0	0	2,079,837	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 4:53 pm
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Cost Center Description		Title XIX			Hospital		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)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	130,089	72,901,205	0.001784	0.001784	0	50.00
51.00	05100 RECOVERY ROOM	0	7,490,761	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	261,090	5,702,681	0.045784	0.045784	0	52.00
53.00	05300 ANESTHESIOLOGY	0	23,805,673	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	47,711,369	0.000000	0.000000	0	54.00
54.01	05401 ULTRASOUND	0	42,160,392	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	15,063	55,357,163	0.000272	0.000272	0	55.00
56.00	05600 RADIOISOTOPE	0	24,117,413	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	80,495,343	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	23,577,420	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	30,126	63,724,546	0.000473	0.000473	0	59.00
60.00	06000 LABORATORY	0	184,310,714	0.000000	0.000000	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	9,435,373	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	22,857,683	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	16,267,662	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,255,687	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	896,483	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,391,107	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,317,901	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	108,281,591	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	104,737,341	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	158,875,020	0.000000	0.000000	0	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	78,510	8,607,336	0.009121	0.009121	0	75.01
76.00	03950 DIABETIC SERVICE	0	0	0.000000	0.000000	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	106,810	6,999,606	0.015259	0.015259	0	76.01
76.97	07697 CARDIAC REHABILITATION	17,802	1,365,824	0.013034	0.013034	0	76.97
76.99	07699 LI THOTRI PSY	0	771,729	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	4,660,428	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	1,440,347	72,386,812	0.019898	0.019898	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,434,963	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	2,079,837	1,174,897,226				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 4:53 pm
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Cost Center Description			Title XIX			Hospital		Cost	
			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)				
			11.00	12.00	13.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0			50.00	
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	05401	ULTRASOUND	0	0	0			54.01	
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	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0			66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0			69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0			70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	0	0			75.01	
76.00	03950	DIABETIC SERVICE	0	0	0			76.00	
76.01	03340	GASTROINTESTINAL SERVICES	0	0	0			76.01	
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97	
76.99	07699	LITHOTRIPSY	0	0	0			76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0			90.00	
91.00	09100	EMERGENCY	0	0	0			91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0			92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00	
200.00		Total (Lines 50-199)	0	0	0			200.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/27/2017 4:53 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,554	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,554	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)		40,378	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)		19,268	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		42,077,202	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)		42,077,202	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		42,077,202	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		966.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,614,622	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)		18,614,622	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 4:53 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	17,532,663	9,007	1,946.56	3,879	7,550,706	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					38,048,981	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					64,214,309	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)					3,187,606	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,893,489	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,081,095	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					58,133,214	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,176	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					966.09	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,068,302	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0233		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 4:53 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,397,981	42,077,202	0.056990	3,068,302	174,863	90.00
91.00	Nursing School cost	2,856,925	42,077,202	0.067897	3,068,302	208,329	91.00
92.00	Allied health cost	0	42,077,202	0.000000	3,068,302	0	92.00
93.00	All other Medical Education	0	42,077,202	0.000000	3,068,302	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/27/2017 4:53 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		41,326,803		30.00
31.00	03100 INTENSIVE CARE UNIT		25,278,570		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.314284	15,927,920	5,005,890	50.00
51.00	05100 RECOVERY ROOM	0.349252	1,672,255	584,038	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.489930	22,017	10,787	52.00
53.00	05300 ANESTHESIOLOGY	0.084422	4,679,045	395,014	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.189930	5,826,926	1,106,708	54.00
54.01	05401 ULTRASOUND	0.076926	6,384,609	491,142	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.186728	503,758	94,066	55.00
56.00	05600 RADIOISOTOPE	0.120381	1,647,215	198,293	56.00
57.00	05700 CT SCAN	0.055214	11,699,371	645,969	57.00
58.00	05800 MRI	0.129050	2,727,299	351,958	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.114362	11,851,963	1,355,414	59.00
60.00	06000 LABORATORY	0.076825	37,627,316	2,890,719	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.179734	3,305,813	594,167	63.00
65.00	06500 RESPIRATORY THERAPY	0.177756	10,586,948	1,881,894	65.00
66.00	06600 PHYSICAL THERAPY	0.406842	2,615,863	1,064,243	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.325280	539,988	175,647	67.00
68.00	06800 SPEECH PATHOLOGY	0.423754	373,307	158,190	68.00
69.00	06900 ELECTROCARDIOLOGY	0.082646	1,460,237	120,683	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.180210	361,447	65,136	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.161083	28,780,456	4,636,042	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.221245	32,402,131	7,168,809	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264199	23,195,756	6,128,296	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	0.685919	82,176	56,366	75.01
76.00	03950 DIABETIC SERVICE	0.000000	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.291971	1,303,105	380,469	76.01
76.97	07697 CARDIAC REHABILITATION	0.770199	624	481	76.97
76.99	07699 LI THOTRI PSY	0.245185	20,589	5,048	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.384337	34,961	13,437	90.00
91.00	09100 EMERGENCY	0.195868	11,654,831	2,282,808	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.412686	453,777	187,267	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		217,741,703	38,048,981	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		217,741,703		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 4:53 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		48,188,588	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)		1,820,666	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)		226.32	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		6.42	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).		-4.62	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)		1.80	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.78	10.00
11.00	FTE count for residents in dental and podiatric programs.		5.75	11.00
12.00	Current year allowable FTE (see instructions)		6.53	12.00
13.00	Total allowable FTE count for the prior year.		4.97	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.		3.31	14.00
15.00	Sum of lines 12 through 14 divided by 3.		4.94	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		4.94	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.021828	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.218710	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.021828	21.00
22.00	IME payment adjustment (see instructions)		571,420	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.02	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)		571,420	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.54	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.95	31.00
32.00	Sum of lines 30 and 31		17.49	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.12	33.00
34.00	Disproportionate share adjustment (see instructions)		496,343	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 4:53 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000145038	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	929,135	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	929,135	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		929,135		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	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	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)		52,006,152		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			52,006,152	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			4,170,372	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).			185,709	52.00
53.00	Nursing and Allied Health Managed Care payment			1,035,324	53.00
54.00	Special add-on payments for new technologies			4,143	54.00
54.01	Islet isolation add-on payment				54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			1,756,886	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			300,877	58.00
59.00	Total (sum of amounts on lines 49 through 58)			59,459,463	59.00
60.00	Primary payer payments			71,569	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			59,387,894	61.00
62.00	Deductibles billed to program beneficiaries			4,729,228	62.00
63.00	Coinurance billed to program beneficiaries			86,751	63.00
64.00	Allowable bad debts (see instructions)			792,478	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			515,111	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			601,359	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			55,087,026	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	NURSING SCHOOL ADJUSTMENT			-534,077	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)			-88,282	70.93
70.94	HRR adjustment amount (see instructions)			-197,590	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 4:53 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			540,018	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			53,727,059	71.00
71.01	Sequestration adjustment (see instructions)			1,074,541	71.01
72.00	Interim payments			50,935,657	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			1,716,861	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			973,708	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 2/27/2017 4:53 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		82,017	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,013,431	2.00
3.00	PPS payments		30,681,261	3.00
4.00	Outlier payment (see instructions)		216,093	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		327,651	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		82,017	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		321,292	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)		321,292	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		321,292	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		239,275	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)		82,017	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)		31,225,005	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		6,788	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,891,844	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)		25,408,390	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		102,537	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)		25,510,927	30.00
31.00	Primary payer payments		7,143	31.00
32.00	Subtotal (line 30 minus line 31)		25,503,784	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		903,348	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		587,176	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		666,315	36.00
37.00	Subtotal (see instructions)		26,090,960	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS FROM THE PS&R		25	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		26,090,985	40.00
40.01	Sequestration adjustment (see instructions)		521,820	40.01
41.00	Interim payments		25,405,572	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		163,593	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0233		Period: From 10/01/2015 To 09/30/2016		Worksheet E-1 Part I Date/Time Prepared: 2/27/2017 4:53 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		50,532,457		25,405,572	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	04/27/2016	403,200		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)		403,200		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)		50,935,657		25,405,572	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,716,861		163,593	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		52,652,518		25,569,165	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet E-4 Date/Time Prepared: 2/27/2017 4:53 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-6.62	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.78	6.00
7.00	Enter the lesser of line 5 or line 6			0.78	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.50	0.50	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.50	0.50	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		5.75		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	6.25		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	4.77		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	3.15		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	4.72		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	4.72		17.00
18.00	Per resident amount	104,469.90	99,040.51		18.00
19.00	Approved amount for resident costs	0	467,471	467,471	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			467,471	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	23,147	8,598		26.00
27.00	Total Inpatient Days (see instructions)	49,513	49,513		27.00
28.00	Ratio of inpatient days to total inpatient days	0.467493	0.173651		28.00
29.00	Program direct GME amount	218,539	81,177		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		11,470		30.00
31.00	Net Program direct GME amount			288,246	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet E-4 Date/Time Prepared: 2/27/2017 4:53 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		64,214,309	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		71,569	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		64,142,740	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		35,423,099	42.00
43.00	Primary payer payments (see instructions)		7,143	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		35,415,956	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		99,558,696	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.644271	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.355729	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		288,246	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		185,709	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		102,537	50.00

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

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet G

Date/Time Prepared:
2/27/2017 4:53 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,382,309	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	248,383,554	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-185,826,938	0	0	0	6.00
7.00	Inventory	6,114,279	0	0	0	7.00
8.00	Prepaid expenses	308,843	0	0	0	8.00
9.00	Other current assets	6,597,841	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)	78,959,888	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,152,456	0	0	0	12.00
13.00	Land improvements	2,181,751	0	0	0	13.00
14.00	Accumulated depreciation	-1,887,490	0	0	0	14.00
15.00	Buildings	129,453,513	0	0	0	15.00
16.00	Accumulated depreciation	-80,650,983	0	0	0	16.00
17.00	Leasehold improvements	254,040	0	0	0	17.00
18.00	Accumulated depreciation	-244,967	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	91,906,721	0	0	0	23.00
24.00	Accumulated depreciation	-73,099,345	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	24,065,228	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	96,130,924	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	18,488,880	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	1,315,187	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	19,804,067	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	194,894,879	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,619,309	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,811,524	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	28,763,594	0	0	0	40.00
41.00	Deferred income	1,669,486	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-83,000	0	0	0	43.00
44.00	Other current liabilities	19,108,400	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	72,889,313	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	650,110	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	650,110	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	73,539,423	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	121,355,456				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)	121,355,456	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	194,894,879	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-1

Date/Time Prepared:
2/27/2017 4:53 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		135,429,702		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		16,353,221			2.00
3.00	Total (sum of line 1 and line 2)		151,782,923		0	3.00
4.00	CONTRIBUTION ACTIVITY	1,146,580		0		4.00
5.00	NON-CONTROLLING INTEREST	257,844		0		5.00
6.00	ROUNDING	1		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,404,425		0	10.00
11.00	Subtotal (line 3 plus line 10)		153,187,348		0	11.00
12.00	EQUITY TRANSFER	31,831,892		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)		31,831,892		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		121,355,456		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	CONTRIBUTION ACTIVITY		0			4.00
5.00	NON-CONTROLLING INTEREST		0			5.00
6.00	ROUNDING		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	EQUITY TRANSFER		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2017 4:53 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	91,826,574		91,826,574	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	91,826,574		91,826,574	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	56,994,521		56,994,521	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	56,994,521		56,994,521	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	148,821,095		148,821,095	17.00
18.00	Ancillary services	490,606,568	661,885,733	1,152,492,301	18.00
19.00	Outpatient services	3,043,215	19,361,708	22,404,923	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	4,695,007	42,702,278	47,397,285	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	647,165,885	723,949,719	1,371,115,604	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		325,834,405		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)		325,834,405		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0233

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-3

Date/Time Prepared:
2/27/2017 4:53 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,371,115,604	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,033,491,984	2.00
3.00	Net patient revenues (line 1 minus line 2)	337,623,620	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	325,834,405	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,789,215	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	545,130	6.00
7.00	Income from investments	935,057	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	877,384	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	12,689	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	5,492,439	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	29,495	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUES	-3,328,188	24.00
24.01		0	24.01
25.00	Total other income (sum of lines 6-24)	4,564,006	25.00
26.00	Total (line 5 plus line 25)	16,353,221	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	16,353,221	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0233	Period: From 10/01/2015 To 09/30/2016	Worksheet L Parts I-III Date/Time Prepared: 2/27/2017 4:53 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,862,221	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		128,944	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		135.28	3.00
4.00	Number of interns & residents (see instructions)		4.94	4.00
5.00	Indirect medical education percentage (see instructions)		1.04	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)		40,167	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.54	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.95	8.00
9.00	Sum of lines 7 and 8		17.49	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.60	10.00
11.00	Disproportionate share adjustment (see instructions)		139,040	11.00
12.00	Total prospective capital payments (see instructions)		4,170,372	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00