

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: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/30/2017 9:22 am
--	-----------------------	---------------------------------------	---

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/30/2017 Time: 9:22 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 00130 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter
 (3) Settled with Audit 9. Final Report for this Provider CCN number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE GOOD SAMARITAN HOSPITAL (14-0288) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,686,461	114,657	0	0	1.00
2.00 Subprovider - IPF	0	2,120	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	1,688,581	114,657	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 9:08 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60515- County: DUPAGE				
1.00 Street: 3815 HIGHLAND AVENUE		2.00 City: DOWNERS GROVE		3.00 Zip Code: 60515-		4.00 County: DUPAGE				
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
1.00 Hospital and Hospital-Based Component Identification:										
3.00 Hospital		ADVOCATE GOOD SAMARI TAN HOSPITAL	140288	29404	1	10/11/1976	N	P	0	3.00
4.00 Subprovider - IPF		ADVOC GOOD SAMARI TAN PSYCH UNIT	14S288	29404	4	01/01/1984	N	P	0	4.00
5.00 Subprovider - IRF										5.00
6.00 Subprovider - (Other)										6.00
7.00 Swing Beds - SNF										7.00
8.00 Swing Beds - NF										8.00
9.00 Hospital-Based SNF										9.00
10.00 Hospital-Based NF										10.00
11.00 Hospital-Based OLTC										11.00
12.00 Hospital-Based HHA										12.00
13.00 Separately Certified ASC										13.00
14.00 Hospital-Based Hospice										14.00
15.00 Hospital-Based Health Clinic - RHC										15.00
16.00 Hospital-Based Health Clinic - FQHC										16.00
17.00 Hospital-Based (CMHC) I										17.00
17.10 Hospital-Based (CORF) I										17.10
18.00 Renal Dialysis										18.00
19.00 Other										19.00
						From:	To:			
						1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		20.00	
21.00 Type of Control (see instructions)						1			21.00	
Inpatient PPS Information										
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							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.		5,081	0	0	0	0	3,646		0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0	0		0	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 9:08 am			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				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)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 9:08 am	
	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00		61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00		61.20	
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/(col. 1 + col. 2))				
	1.00	2.00	3.00				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/(col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 9:08 am	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	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.			N		86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00	
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N		94.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 9:08 am	
		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical		Speech		Respiratory	
		1.00		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	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,077,065		3,000,000		557,608	
						1.00 2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 9:08 am	
		1.00		2.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00130		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:				142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC						
161.10	CORF			N		N	
						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	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 9:08 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2016	12/31/2016	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/30/2017 9:08 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		03/04/2016		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					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	03/31/2016		Y	03/31/2016	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: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/30/2017 9:08 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBERT		SMALL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5764		ROBERT.SMALL@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/30/2017 9:08 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0288

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2017 9:08 am

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	227	83,082	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)		227	83,082	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	61	22,326	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		288	105,408	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,176		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		324				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: 14-0288

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2017 9:08 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,849	3,370	35,970			1.00
2.00 HMO and other (see instructions)	4,321	3,646				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)	12,849	3,370	35,970			7.00
8.00 INTENSIVE CARE UNIT	10,325	1,055	18,068			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		209	3,706			13.00
14.00 Total (see instructions)	23,174	4,634	57,744	0.00	1,572.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,960	913	9,639	0.00	68.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,640.00	27.00
28.00 Observation Bed Days		79	2,036			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	447	2,025			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: 14-0288

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2017 9:08 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,857	324	14,447	1.00
2.00 HMO and other (see instructions)			1,011	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
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	4,857	324	14,447	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	196	128	1,091	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part II Date/Time Prepared: 5/30/2017 9:08 am			
	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	118,305,646	0	118,305,646	3,305,120.00	35.79	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		650,491	0	650,491	5,880.00	110.63	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		6,586,325	0	6,586,325	183,976.00	35.80	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		926,865	0	926,865	13,859.00	66.88	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		4,388,317	0	4,388,317	45,094.00	97.31	13.00
14.00	Home office and/or related organization salaries and wage-related costs		12,601,774	0	12,601,774	197,118.00	63.93	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		28,597,211	0	28,597,211			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,653,640	0	1,653,640			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		163,320	0	163,320			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,289,924	0	2,289,924	7,842.00	292.01	26.00
27.00	Administrative & General	5.00	9,993,488	0	9,993,488	261,893.00	38.16	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0288

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2017 9:08 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	1,835,256	0	1,835,256	55,598.00	33.01	29.00
30.00	Operation of Plant	7,406	0	7,406	0.00	0.00	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,974,853	0	1,974,853	138,445.00	14.26	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,278,460	0	2,278,460	129,979.00	17.53	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,874,467	0	3,874,467	81,266.00	47.68	38.00
39.00	Central Services and Supply	1,381,389	0	1,381,389	87,069.00	15.87	39.00
40.00	Pharmacy	5,286,728	0	5,286,728	112,070.00	47.17	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	2,172,050	0	2,172,050	51,230.00	42.40	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0288

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2017 9:08 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	117,655,155	0	117,655,155	3,299,240.00	35.66	1.00
2.00	Excluded area salaries (see instructions)	6,586,325	0	6,586,325	183,976.00	35.80	2.00
3.00	Subtotal salaries (line 1 minus line 2)	111,068,830	0	111,068,830	3,115,264.00	35.65	3.00
4.00	Subtotal other wages & related costs (see inst.)	17,916,956	0	17,916,956	256,071.00	69.97	4.00
5.00	Subtotal wage-related costs (see inst.)	28,597,211	0	28,597,211	0.00	25.75	5.00
6.00	Total (sum of lines 3 thru 5)	157,582,997	0	157,582,997	3,371,335.00	46.74	6.00
7.00	Total overhead cost (see instructions)	31,094,021	0	31,094,021	925,392.00	33.60	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2017 9:08 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,799,392	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)		1,615,440	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		249,870	6.00
7.00	Employee Managed Care Program Administration Fees		1,440,308	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		8,072,288	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		2,349,989	9.00
10.00	Dental, Hearing and Vision Plan		445,821	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		109,621	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)		673,616	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,380,000	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		8,342,464	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		14,222	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))		299,205	21.00
22.00	Day Care Cost and Allowances		326,589	22.00
23.00	Tuition Reimbursement		584,381	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		29,703,206	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: 14-0288

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

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	926,865	29,703,206	1.00
2.00	Hospital	926,865	29,703,206	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/30/2017 9:08 am
---	-----------------------	---	--

			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)		0.230141	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		24,648,322	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		163,404,554	6.00
7.00	Medicaid cost (line 1 times line 6)		37,606,087	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)		12,957,765	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)		12,957,765	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)	10,257,072	5,077,167	15,334,239
21.00	Cost of patients approved for charity care (line 1 times line 20)	2,360,573	1,168,464	3,529,037
22.00	Partial payment by patients approved for charity care	338,704	203,266	541,970
23.00	Cost of charity care (line 21 minus line 22)	2,021,869	965,198	2,987,067
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		15,216,349	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		757,531	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		14,458,818	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,327,567	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,314,634	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		19,272,399	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0288

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

Worksheet A
Date/Time Prepared:
5/30/2017 9:08 am

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	NEW CAP REL COSTS-BLDG & FIXT	0	0	9,741,166	9,741,166	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	8,406,943	8,406,943	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,289,924	22,132,291	24,422,215	24,962,796	4.00
5.01	00540	NONPATIENT TELEPHONES	340,458	482,868	823,326	819,198	5.01
5.02	00550	DATA PROCESSING	0	2,002,159	2,002,159	1,926,991	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	17,444	17,444	17,444	5.03
5.04	00570	ADMINITTING	5,456	89,700	95,156	94,253	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	412,060	25,439,608	25,851,668	25,849,447	5.05
5.06	00590	OTHER ADMIN AND GENERAL	9,235,514	54,173,769	63,409,283	53,012,112	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,835,256	11,205,306	13,040,562	12,886,988	6.00
7.00	00700	OPERATION OF PLANT	7,406	2,048	9,454	8,075	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,027,189	1,027,189	1,076,885	8.00
9.00	00900	HOUSEKEEPING	1,974,853	1,178,721	3,153,574	3,122,538	9.00
10.00	01000	DIETARY	2,278,460	2,174,667	4,453,127	4,420,164	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,874,467	420,082	4,294,549	4,255,231	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,381,389	845,373	2,226,762	1,780,442	14.00
15.00	01500	PHARMACY	5,286,728	16,719,945	22,006,673	21,604,710	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,227	20,227	12,192	16.00
17.00	01700	SOCIAL SERVICE	2,172,050	392,907	2,564,957	2,563,712	17.00
23.00	02300	PARAMED PRGM- EMS	474,172	288,358	762,530	754,386	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,357,449	5,074,545	26,431,994	24,796,045	30.00
31.00	03100	INTENSIVE CARE UNIT	10,807,433	4,396,908	15,204,341	13,651,129	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	4,868,874	2,172,661	7,041,535	6,996,264	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	2,665,587	899,300	3,564,887	3,329,845	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,986,969	36,146,769	47,133,738	18,474,619	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,225,164	221,755	1,446,919	1,372,818	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,308,025	2,838,180	6,146,205	5,687,816	52.00
53.00	05300	ANESTHESIOLOGY	251,238	798,575	1,049,813	369,227	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,759,031	17,195,747	27,954,778	13,928,198	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	10,867,115	10,867,115	9,424,214	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	641,160	641,160	555,385	62.00
65.00	06500	RESPIRATORY THERAPY	2,381,441	951,103	3,332,544	2,678,653	65.00
66.00	06600	PHYSICAL THERAPY	2,087,296	367,887	2,455,183	2,427,737	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,512,076	140,038	1,652,114	1,650,379	67.00
69.00	06900	ELECTROCARDIOLOGY	2,504,462	1,329,902	3,834,364	3,434,440	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	115,209	325,853	441,062	405,382	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	21,675,532	21,675,532
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	22,604,245	22,604,245
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	360,708	266,498	627,206	504,720	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	472,452	62,633	535,085	530,770	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	1,004,758	433,424	1,438,182	1,402,693	90.01
90.02	09002	WOUND CARE CLINIC	506,078	228,407	734,485	582,722	90.02
91.00	09100	EMERGENCY	7,803,461	6,587,442	14,390,903	13,368,502	91.00
91.01	09101	CHEMOTHERAPY	136,734	34,843	171,577	151,961	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	379,729	119,305	499,034	468,434	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0288

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

Worksheet A
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	117,062,367	230,712,712	347,775,079	12,324	347,787,403
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	OTHER NONREIMBURSABLE	1,243,279	1,216,312	2,459,591	-12,324	2,447,267
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
200.00		TOTAL (SUM OF LINES 118-199)	118,305,646	231,929,024	350,234,670	0	350,234,670

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0288

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

Worksheet A
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	775,773	10,516,939	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2,041,373	10,448,316	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,202,728	30,165,524	4.00
5.01	00540	NONPATIENT TELEPHONES	-329,330	489,868	5.01
5.02	00550	DATA PROCESSING	5,693,346	7,620,337	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	17,444	5.03
5.04	00570	ADMINITTING	0	94,253	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-34,218	25,815,229	5.05
5.06	00590	OTHER ADMIN AND GENERAL	-42,976,962	10,035,150	5.06
6.00	00600	MAINTENANCE & REPAIRS	-307,693	12,579,295	6.00
7.00	00700	OPERATION OF PLANT	0	8,075	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,076,885	8.00
9.00	00900	HOUSEKEEPING	-6,600	3,115,938	9.00
10.00	01000	DIETARY	-1,063,465	3,356,699	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-21,381	4,233,850	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,780,442	14.00
15.00	01500	PHARMACY	-85,746	21,518,964	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,091	10,101	16.00
17.00	01700	SOCIAL SERVICE	-41,630	2,522,082	17.00
23.00	02300	PARAMED ED PRGM- EMS	-171,923	582,463	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-819,210	23,976,835	30.00
31.00	03100	INTENSIVE CARE UNIT	-236,715	13,414,414	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-1,510,352	5,485,912	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-417,169	2,912,676	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,538,565	13,936,054	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,372,818	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,867,922	3,819,894	52.00
53.00	05300	ANESTHESIOLOGY	0	369,227	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-335,801	13,592,397	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-468,681	8,955,533	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	555,385	62.00
65.00	06500	RESPIRATORY THERAPY	-595	2,678,058	65.00
66.00	06600	PHYSICAL THERAPY	-79	2,427,658	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,650,379	67.00
69.00	06900	ELECTROCARDIOLOGY	-642,076	2,792,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-4,050	401,332	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,675,532	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	22,604,245	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	-3,875	500,845	74.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	530,770	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SPORTS MEDICINE	-250	1,402,443	90.01
90.02	09002	WOUND CARE CLINIC	0	582,722	90.02
91.00	09100	EMERGENCY	-3,749,534	9,618,968	91.00
91.01	09101	CHEMOTHERAPY	-5,128	146,833	91.01
91.02	09102	PAIN CLINIC	0	0	91.02
91.03	09103	INFUSION CLINIC	0	468,434	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORE	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/30/2017 9:08 am
---	--	-----------------------	---	---

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
110.00	11000	INTESTINAL ACQUISITION	6.00	7.00	
111.00	11100	ISLET ACQUISITION	0	0	110.00
113.00	11300	INTEREST EXPENSE	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-45,927,821	301,859,582	113.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	118.00
190.01	19001	OTHER NONREIMBURSABLE	-183,499	2,263,768	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	190.01
200.00		TOTAL (SUM OF LINES 118-199)	-46,111,320	304,123,350	192.00
					200.00

RECLASSIFICATIONS

Provider CCN: 14-0288

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

Worksheet A-6

Date/Time Prepared:
5/30/2017 9:08 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - VACATION ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	540,599	1.00	
	TOTALS		0	540,599		
B - LAUNDRY COSTS						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	62,391	1.00	
2.00		0.00	0	0	2.00	
4.00		0.00	0	0	4.00	
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	
	TOTALS		0	62,391		
C - EQUIPMENT CAPITAL DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,406,943	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
	TOTALS		0	8,406,943		
E - GL BLDG CAPITAL DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,741,166	1.00	
	TOTALS		0	9,741,166		
F - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	44,279,777	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	

Provider CCN: 14-0288

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

Worksheet A-6

Date/Time Prepared:
5/30/2017 9:08 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
	TOTALS		0	44,279,777		
G - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	22,604,245		1.00
	TOTALS		0	22,604,245		
500.00	Grand Total: Increases		0	85,635,121		500.00

RECLASSIFICATIONS

Provider CCN: 14-0288

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

Worksheet A-6
Date/Time Prepared:
5/30/2017 9:08 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - VACATION ACCRUAL							
1.00	OTHER ADMIN AND GENERAL	5.06	0	540,599	0		1.00
	TOTALS		0	540,599			
B - LAUNDRY COSTS							
1.00		0.00	0	0	0		1.00
2.00	DIETARY	10.00	0	5,752	0		2.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,507	0		4.00
6.00	SPORTS MEDICINE	90.01	0	21,694	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	4,005	0		7.00
8.00	EMERGENCY	91.00	0	17,352	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	1,081	0		9.00
	TOTALS		0	62,391			
C - EQUIPMENT CAPITAL DEPRECIATION							
1.00		0.00	0	0	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	4,050	9		2.00
3.00	DATA PROCESSING	5.02	0	75,150	9		3.00
4.00		0.00	0	0	9		4.00
5.00	ADMINISTRATIVE	5.04	0	903	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	2,221	9		6.00
7.00	OTHER ADMIN AND GENERAL	5.06	0	115,042	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	46,894	9		8.00
9.00	RENAL DIALYSIS	74.00	0	25,992	9		9.00
10.00	HOUSEKEEPING	9.00	0	17,647	9		10.00
11.00	DIETARY	10.00	0	20,683	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	36,565	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	37,447	9		13.00
14.00	PHARMACY	15.00	0	93,626	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,982	9		15.00
16.00	SOCIAL SERVICE	17.00	0	1,212	9		16.00
17.00	PARAMEDICAL PRGM- EMS	23.00	0	6,000	9		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	246,527	9		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	413,098	9		19.00
20.00	SUBPROVIDER - IPF	40.00	0	23,607	9		20.00
21.00	NURSERY	43.00	0	85,845	9		21.00
22.00	OPERATING ROOM	50.00	0	2,223,976	9		22.00
23.00	RECOVERY ROOM	51.00	0	5,684	9		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	128,394	9		24.00
25.00	ANESTHESIOLOGY	53.00	0	68,495	9		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,962,639	9		26.00
27.00	LABORATORY	60.00	0	192	9		27.00
28.00	RESPIRATORY THERAPY	65.00	0	137,444	9		28.00
29.00	PHYSICAL THERAPY	66.00	0	18,643	9		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	937	9		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	321,939	9		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	25,906	9		32.00
33.00	EMERGENCY	91.00	0	231,606	9		33.00
34.00	WOUND CARE CLINIC	90.02	0	2,653	9		34.00
35.00	INFUSION CLINIC	91.03	0	2,787	9		35.00
36.00	OTHER NONREIMBURSABLE	190.01	0	4,557	9		36.00
37.00	SPORTS MEDICINE	90.01	0	6,285	9		37.00
38.00	CARDIAC REHABILITATION	76.97	0	4,315	0		38.00
	TOTALS		0	8,406,943			
E - GL BLDG CAPITAL DEPRECIATION							
1.00	OTHER ADMIN AND GENERAL	5.06	0	9,741,166	9		1.00
	TOTALS		0	9,741,166			
F - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	78	0		2.00
3.00	DATA PROCESSING	5.02	0	18	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,379	0		4.00
5.00	INFUSION CLINIC	91.03	0	27,813	0		5.00
6.00	CHEMOTHERAPY	91.01	0	19,616	0		6.00
7.00	OTHER ADMIN AND GENERAL	5.06	0	364	0		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	106,680	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	12,695	0		9.00
10.00	HOUSEKEEPING	9.00	0	13,389	0		10.00
11.00	DIETARY	10.00	0	6,528	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	2,753	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	408,873	0		13.00
14.00	PHARMACY	15.00	0	308,337	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	53	0		15.00
16.00	SOCIAL SERVICE	17.00	0	33	0		16.00
17.00	PARAMEDICAL PRGM- EMS	23.00	0	2,144	0		17.00

RECLASSIFICATIONS

Provider CCN: 14-0288

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

Worksheet A-6

Date/Time Prepared:
5/30/2017 9:08 am

Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
18.00	ADULTS & PEDIATRICS	30.00	0	1,389,422	0		18.00	
19.00	INTENSIVE CARE UNIT	31.00	0	1,140,114	0		19.00	
20.00	SUBPROVIDER - IPF	40.00	0	21,664	0		20.00	
21.00	NURSERY	43.00	0	149,197	0		21.00	
22.00	OPERATING ROOM	50.00	0	26,435,143	0		22.00	
23.00	RECOVERY ROOM	51.00	0	68,417	0		23.00	
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	329,995	0		24.00	
25.00	ANESTHESIOLOGY	53.00	0	612,091	0		25.00	
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,051,434	0		26.00	
27.00	LABORATORY	60.00	0	1,442,709	0		27.00	
28.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	85,775	0		28.00	
29.00	RESPIRATORY THERAPY	65.00	0	516,447	0		29.00	
30.00	PHYSICAL THERAPY	66.00	0	4,798	0		30.00	
31.00	OCCUPATIONAL THERAPY	67.00	0	798	0		31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	76,904	0		32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,774	0		33.00	
34.00	RENAL DIALYSIS	74.00	0	96,494	0		34.00	
36.00	WOUND CARE CLINIC	90.02	0	149,110	0		36.00	
37.00	EMERGENCY	91.00	0	773,443	0		37.00	
38.00	SPORTS MEDICINE	90.01	0	7,510	0		38.00	
39.00	OTHER NONREIMBURSABLE	190.01	0	7,767	0		39.00	
	TOTALS		0	44,279,777				
G - IMPLANTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,604,245	0		1.00	
	TOTALS		0	22,604,245				
500.00	Grand Total: Decreases		0	85,635,121			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0288

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2017 9:08 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,804,313	0	0	0	0	1.00
2.00	Land Improvements	9,261,658	13,905	0	13,905	0	2.00
3.00	Buildings and Fixtures	222,224,636	4,893,970	0	4,893,970	5,268	3.00
4.00	Building Improvements	4,584,901	22,850	0	22,850	165,727	4.00
5.00	Fixed Equipment	97,876,264	7,124,479	0	7,124,479	1,417,660	5.00
6.00	Movable Equipment	133,669	0	0	0	0	6.00
7.00	HIT designated Assets	544,031	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	339,429,472	12,055,204	0	12,055,204	1,588,655	8.00
9.00	Reconciling Items	-36,888,358	-45,412,294	0	-45,412,294	0	9.00
10.00	Total (line 8 minus line 9)	376,317,830	57,467,498	0	57,467,498	1,588,655	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,804,313	4,804,313				1.00
2.00	Land Improvements	9,275,563	9,275,563				2.00
3.00	Buildings and Fixtures	227,113,338	227,113,337				3.00
4.00	Building Improvements	4,442,024	4,442,024				4.00
5.00	Fixed Equipment	103,583,083	103,583,083				5.00
6.00	Movable Equipment	133,669	133,669				6.00
7.00	HIT designated Assets	544,031	544,031				7.00
8.00	Subtotal (sum of lines 1-7)	349,896,021	349,896,020				8.00
9.00	Reconciling Items	-82,300,652	-82,300,653				9.00
10.00	Total (line 8 minus line 9)	432,196,673	432,196,673				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0288

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2017 9:08 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0288

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	57,752	0	57,752	1.000000	0	2.00
3.00	Total (sum of lines 1-2)	57,752	0	57,752	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	10,516,939	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	10,448,316	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,965,255	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	10,516,939	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	10,448,316	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	20,965,255	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0288

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

Worksheet A-8

Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-329,330	NONPATIENT TELEPHONES	5.01		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-13,391,670				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	-8,571,230				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests		0		0.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts		0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	60,639	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-57,752	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist		0	0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center		Line #		
			1.00	2.00	3.00		4.00
33.00		0			0.00	0	33.00
34.02 PERI NATAL	A	-106,013	NURSERY		43.00	0	34.02
35.00 INTEREST EXPS	A	-3,219,913	OTHER ADMIN AND GENERAL		5.06	0	35.00
38.00 OOR	B	-30,190	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0	38.00
39.00 OOR	B	-1,419,402	OTHER ADMIN AND GENERAL		5.06	0	39.00
40.00 OOR	B	-307,693	MAINTENANCE & REPAIRS		6.00	0	40.00
43.00 OOR	B	-6,600	HOUSEKEEPING		9.00	0	43.00
44.00 OOR	B	-1,062,137	DIETARY		10.00	0	44.00
44.01 OOR	B	-21,202	NURSING ADMINISTRATION		13.00	0	44.01
44.02 OOR	B	-1,300	PHARMACY		15.00	0	44.02
44.03 OOR	B	-2,091	MEDICAL RECORDS & LIBRARY		16.00	0	44.03
44.04 OOR	B	-140,762	PARAMED ED PRGM- EMS		23.00	0	44.04
44.05 OOR	B	-13,473	ADULTS & PEDIATRICS		30.00	0	44.05
45.00 OOR	B	-550	INTENSIVE CARE UNIT		31.00	0	45.00
45.01 OOR	B	-17,139	NURSERY		43.00	0	45.01
45.02 OOR	B	-120,002	OPERATING ROOM		50.00	0	45.02
45.03 OOR	B	-25,651	RADIOLOGY-DIAGNOSTIC		54.00	0	45.03
45.04 OOR	B	-468,195	LABORATORY		60.00	0	45.04
45.05 OOR	B	-150	RESPIRATORY THERAPY		65.00	0	45.05
45.06 OOR	B	-79	PHYSICAL THERAPY		66.00	0	45.06
45.07 OOR	B	-440	ELECTROCARDIOLOGY		69.00	0	45.07
45.08 OOR	B	-250	SPORTS MEDICINE		90.01	0	45.08
45.09 OOR	A	-395,221	EMERGENCY		91.00	0	45.09
45.10 ORR	B	-137,262	OTHER NONREIMBURSABLE		190.01	0	45.10
45.18 PA ASSESSMENT EXPENSE	A	-13,042,237	OTHER ADMIN AND GENERAL		5.06	0	45.18
45.20 PHO	A	-2,566,116	OTHER ADMIN AND GENERAL		5.06	0	45.20
45.21 SPECIALTY BILLING	A	-4,028	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0	45.21
45.22 PROFESSIONAL PART B	A	-156,418	OTHER ADMIN AND GENERAL		5.06	0	45.22
45.23 AHA LOBBYING	A	-33,039	OTHER ADMIN AND GENERAL		5.06	0	45.23
45.25 NONALLOWABLE	A	-360	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	45.25
45.26 NONALLOWABLE	A	-257,914	OTHER ADMIN AND GENERAL		5.06	0	45.26
45.29 NONALLOWABLE	A	-22,325	EMERGENCY		91.00	0	45.29
45.30 NONALLOWABLE	A	-1,328	DIETARY		10.00	0	45.30
45.31 NONALLOWABLE	A	-179	NURSING ADMINISTRATION		13.00	0	45.31
45.32 NONALLOWABLE	A	-84,446	PHARMACY		15.00	0	45.32
45.33 NONALLOWABLE	A	-41,630	SOCIAL SERVICE		17.00	0	45.33
45.34 NONALLOWABLE	A	-31,161	PARAMED ED PRGM- EMS		23.00	0	45.34
45.35 NONALLOWABLE	A	-799	ADULTS & PEDIATRICS		30.00	0	45.35
45.36 NONALLOWABLE	A	-10,321	INTENSIVE CARE UNIT		31.00	0	45.36
45.37 NONALLOWABLE	A	-12,495	SUBPROVIDER - I PF		40.00	0	45.37
45.38 NONALLOWABLE	A	-1,638	NURSERY		43.00	0	45.38
45.41 NONALLOWABLE	A	-5,128	CHEMOTHERAPY		91.01	0	45.41
45.42 NONALLOWABLE	A	-7,101	DELIVERY ROOM & LABOR ROOM		52.00	0	45.42
45.43 NONALLOWABLE	A	-346	RADIOLOGY-DIAGNOSTIC		54.00	0	45.43
45.44 NONALLOWABLE	A	-486	LABORATORY		60.00	0	45.44
45.46 NONALLOWABLE	A	-445	RESPIRATORY THERAPY		65.00	0	45.46
45.47 NONALLOWABLE	A	-85	ELECTROCARDIOLOGY		69.00	0	45.47
45.48 NONALLOWABLE	A	-46,237	OTHER NONREIMBURSABLE		190.01	0	45.48
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-46,111,320					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: 14-0288

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2017 9:08 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	5,203,088	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	5,693,346	0
3.00	5.06	OTHER ADMIN AND GENERAL	ADMINISTRATIVE	5,188,800	27,470,723
4.00	0.00		BUSINESS OFFICE	0	0
4.01	0.00		OLD ME	0	0
4.02	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW B&F	715,134	0
4.03	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW ME	2,099,125	0
5.00	0		0	18,899,493	27,470,723

* 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	Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B		0.00	ADVOCATE 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:					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: 14-0288

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2017 9:08 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5,203,088	0		1.00
2.00	5,693,346	0		2.00
3.00	-22,281,923	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	715,134	9		4.02
4.03	2,099,125	9		4.03
5.00	-8,571,230			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: 14-0288

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2017 9:08 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	31.00	INTENSIVE CARE UNIT	225,844	0	225,844	154	1	1.00
2.00	40.00	SUBPROVIDER - IPF	1,497,857	0	1,497,857	208	1	2.00
3.00	43.00	NURSERY	292,379	0	292,379	200	1	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	1,860,821	502,336	1,358,485	225	1	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	208	1	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	309,804	8,340	301,464	208	1	6.00
7.00	74.00	RENAL DIALYSIS	3,875	3,875	0	208	1	7.00
8.00	69.00	ELECTROCARDIOLOGY	641,551	641,551	0	208	1	8.00
9.00	91.00	EMERGENCY	3,331,988	528,000	2,803,988	208	1	9.00
10.00	30.00	ADULTS & PEDIATRICS	804,938	667,442	137,496	208	1	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	4,050	4,050	0	208	1	11.00
12.00	50.00	OPERATING ROOM	4,418,563	23,520	4,395,043	208	1	12.00
200.00			13,391,670	2,379,114	11,012,556		12	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	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	74.00	RENAL DIALYSIS	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	50.00	OPERATING ROOM	0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	31.00	INTENSIVE CARE UNIT	0	0	225,844	225,844	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	1,497,857	1,497,857	2.00
3.00	43.00	NURSERY	0	0	292,379	292,379	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	1,358,485	1,860,821	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	301,464	309,804	6.00
7.00	74.00	RENAL DIALYSIS	0	0	0	3,875	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	641,551	8.00
9.00	91.00	EMERGENCY	0	0	2,803,988	3,331,988	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	137,496	804,938	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	4,050	11.00
12.00	50.00	OPERATING ROOM	0	0	4,395,043	4,418,563	12.00
200.00			0	0	11,012,556	13,391,670	200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/30/2017 9:08 am
---	--	-----------------------	---	---

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	10,516,939	10,516,939			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	10,448,316		10,448,316		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	30,165,524	27,907	27,725	30,221,156	4.00
5.01 00540	NONPATIENT TELEPHONES	489,868	28,248	28,063	88,892	635,071
5.02 00550	DATA PROCESSING	7,620,337	26,504	26,331	0	11,873
5.03 00560	PURCHASING RECEIVING AND STORES	17,444	13,062	12,976	0	321
5.04 00570	ADMINISTRATIVE	94,253	28,670	28,483	1,425	6,418
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	25,815,229	12,285	12,205	107,586	3,851
5.06 00590	OTHER ADMIN AND GENERAL	10,035,150	550,968	547,372	2,411,337	72,204
6.00 00600	MAINTENANCE & REPAIRS	12,579,295	3,247,443	3,226,257	479,174	34,016
7.00 00700	OPERATION OF PLANT	8,075	239,725	238,160	1,934	963
8.00 00800	LAUNDRY & LINEN SERVICE	1,076,885	8,335	8,281	0	642
9.00 00900	HOUSEKEEPING	3,115,938	34,840	34,612	515,622	5,134
10.00 01000	DIETARY	3,356,699	247,134	245,521	594,892	0
11.00 01100	CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	4,233,850	75,741	75,246	1,011,600	12,194
14.00 01400	CENTRAL SERVICES & SUPPLY	1,780,442	296,847	294,910	360,672	7,060
15.00 01500	PHARMACY	21,518,964	79,976	79,454	1,380,333	13,157
16.00 01600	MEDICAL RECORDS & LIBRARY	10,101	40,315	40,052	0	0
17.00 01700	SOCIAL SERVICE	2,522,082	0	0	567,109	1,925
23.00 02300	PARAMED PRGM- EMS	582,463	0	0	123,803	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	23,976,835	1,156,197	1,148,653	5,576,294	114,245
31.00 03100	INTENSIVE CARE UNIT	13,414,414	616,616	612,592	2,821,756	54,233
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	5,485,912	298,903	296,953	1,271,234	20,217
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	2,912,676	56,959	56,587	695,969	5,134
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,936,054	1,073,074	1,066,073	2,868,632	55,837
50.01 05001	OPERATING ROOM	0	0	0	0	0
51.00 05100	RECOVERY ROOM	1,372,818	87,658	87,086	319,883	5,134
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,819,894	216,108	214,698	863,705	18,933
53.00 05300	ANESTHESIOLOGY	369,227	5,298	5,264	65,597	963
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,592,397	682,019	677,568	2,809,118	72,845
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	8,955,533	190,189	188,948	0	0
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	555,385	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,678,058	24,298	24,139	621,780	1,605
66.00 06600	PHYSICAL THERAPY	2,427,658	59,887	59,496	544,980	1,925
67.00 06700	OCCUPATIONAL THERAPY	1,650,379	62,706	62,297	394,794	3,530
69.00 06900	ELECTROCARDIOLOGY	2,792,364	138,351	137,449	653,900	10,269
70.00 07000	ELECTROENCEPHALOGRAPHY	401,332	3,228	3,207	30,080	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,675,532	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	22,604,245	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	500,845	0	0	94,179	321
76.00 03140	CARDIOLOGY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	530,770	0	0	123,354	20,859
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	SPORTS MEDICINE	1,402,443	0	0	262,336	963
90.02 09002	WOUND CARE CLINIC	582,722	33,001	32,786	62,291	10,590
91.00 09100	EMERGENCY	9,618,968	279,100	277,279	2,037,437	25,351
91.01 09101	CHEMOTHERAPY	146,833	0	0	35,700	0
91.02 09102	PAIN CLINIC	0	0	0	0	0
91.03 09103	INFUSION CLINIC	468,434	0	0	99,145	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				2.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	301,859,582	9,941,592	9,876,723	29,896,543	592,712	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.01 19001 OTHER NONREIMBURSABLE	2,263,768	575,347	571,593	324,613	42,359	190.01	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers		0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	304,123,350	10,516,939	10,448,316	30,221,156	635,071	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/30/2017 9:08 am	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	7,685,045					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	43,803				5.03
5.04	00570	ADMINISTRATIVE	0	0	159,249			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2	0	25,951,158		5.05
5.06	00590	OTHER ADMIN AND GENERAL	0	1,141	0	0	13,618,172	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	743	0	0	19,566,928	6.00
7.00	00700	OPERATION OF PLANT	0	1	0	0	488,858	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	69	0	0	1,094,212	8.00
9.00	00900	HOUSEKEEPING	0	266	0	0	3,706,412	9.00
10.00	01000	DIETARY	0	1,304	0	0	4,445,550	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	17	0	0	5,408,648	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	406	0	0	2,740,337	14.00
15.00	01500	PHARMACY	0	288	0	0	23,072,172	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	90,468	16.00
17.00	01700	SOCIAL SERVICE	0	1	0	0	3,091,117	17.00
23.00	02300	PARAMEDICAL PRGM- EMS	0	7	0	0	706,273	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	618,819	1,880	21,880	2,089,618	34,704,421	30.00
31.00	03100	INTENSIVE CARE UNIT	248,280	1,234	8,647	838,388	18,616,160	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	166,675	188	5,805	562,824	8,108,711	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	182,385	178	6,352	615,874	4,532,114	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	919,585	23,077	15,917	3,105,240	23,063,489	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	125,738	70	2,101	424,591	2,425,079	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,882	308	3,775	465,598	5,740,901	52.00
53.00	05300	ANESTHESIOLOGY	143,566	530	2,903	484,792	1,078,140	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,564,621	8,673	19,460	5,283,813	24,710,514	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	601,712	1,229	11,805	2,031,851	11,981,267	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	44,756	73	1,251	151,131	752,596	62.00
65.00	06500	RESPIRATORY THERAPY	209,018	466	6,746	705,809	4,271,919	65.00
66.00	06600	PHYSICAL THERAPY	82,224	16	2,091	277,653	3,455,930	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,678	7	935	201,520	2,435,846	67.00
69.00	06900	ELECTROCARDIOLOGY	164,008	75	2,160	553,818	4,452,394	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,018	9	158	33,827	481,859	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	232,970	0	5,507	786,689	22,700,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	479,344	0	12,295	1,618,640	24,714,524	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	830,532	0	19,172	2,804,527	3,654,231	73.00
74.00	07400	RENAL DIALYSIS	22,597	84	705	76,306	695,037	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	21,603	19	48	72,947	769,600	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	40,677	17	0	137,359	1,843,795	90.01
90.02	09002	WOUND CARE CLINIC	29,794	128	0	100,608	851,920	90.02
91.00	09100	EMERGENCY	711,162	1,099	8,408	2,401,440	15,360,244	91.00
91.01	09101	CHEMOTHERAPY	8,024	18	0	27,096	217,671	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	22,926	24	1,022	77,415	668,966	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,678,594	43,647	159,143	25,929,374	300,317,173	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	6,451	156	106	21,784	3,806,177	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	7,685,045	43,803	159,249	25,951,158	304,123,350	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/30/2017 9:08 am	
Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL	13,618,172					5.06
6.00	00600	MAINTENANCE & REPAIRS	917,258	20,484,186				6.00
7.00	00700	OPERATION OF PLANT	22,917	746,076	1,257,851			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	51,294	25,942	1,653	1,173,101		8.00
9.00	00900	HOUSEKEEPING	173,749	108,429	6,910	0	3,995,500	9.00
10.00	01000	DIETARY	208,398	769,136	49,015	0	156,760	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	253,547	235,721	15,022	0	48,043	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	128,462	923,853	58,874	93,971	188,293	14.00
15.00	01500	PHARMACY	1,081,577	248,904	15,862	0	50,730	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,241	125,469	7,996	0	25,572	16.00
17.00	01700	SOCIAL SERVICE	144,905	0	0	0	0	17.00
23.00	02300	PARAMED PRGM- EMS	33,109	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,626,747	3,598,342	229,310	452,049	733,389	30.00
31.00	03100	INTENSIVE CARE UNIT	872,688	1,919,045	122,295	156,948	391,127	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	380,120	930,254	59,282	59,383	189,598	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	212,456	177,268	11,297	7,044	36,130	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,081,170	3,339,647	212,826	80,204	680,664	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	113,683	272,811	17,385	0	55,602	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	269,122	672,575	42,861	63,346	137,080	52.00
53.00	05300	ANESTHESIOLOGY	50,541	16,489	1,051	0	3,361	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,158,379	2,122,594	135,267	59,315	432,613	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	561,658	591,910	37,721	0	120,639	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	35,280	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	200,259	75,621	4,819	0	15,412	65.00
66.00	06600	PHYSICAL THERAPY	162,007	186,381	11,878	0	37,987	66.00
67.00	06700	OCCUPATIONAL THERAPY	114,188	195,156	12,437	0	39,775	67.00
69.00	06900	ELECTROCARDIOLOGY	208,719	430,580	27,440	39,186	87,758	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,589	10,046	640	0	2,048	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,064,163	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,158,567	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	171,303	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	32,582	0	0	5,610	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	36,077	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	86,433	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	39,936	102,707	6,545	0	20,933	90.02
91.00	09100	EMERGENCY	720,058	868,621	55,355	156,045	177,036	91.00
91.01	09101	CHEMOTHERAPY	10,204	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	31,360	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,439,746	18,693,577	1,143,741	1,173,101	3,630,550	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	178,426	1,790,609	114,110	0	364,950	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	13,618,172	20,484,186	1,257,851	1,173,101	3,995,500	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/30/2017 9:08 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,628,859					10.00
11.00	01100	CAFETERIA	2,750,735					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	54,933	54,933			12.00
13.00	01300	NURSING ADMINISTRATION	0	79,348	1,141	6,041,470		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	85,452	578	0	4,219,820	14.00
15.00	01500	PHARMACY	0	107,832	4,868	0	30,440	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	19	0	17	16.00
17.00	01700	SOCIAL SERVICE	0	48,830	652	0	108	17.00
23.00	02300	PARAMEDICAL PRGM- EMS	0	54,933	149	0	734	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,685,628	644,959	7,213	2,142,690	198,994	30.00
31.00	03100	INTENSIVE CARE UNIT	687,222	284,839	3,928	1,087,727	130,614	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	407,355	138,351	1,711	314,523	19,887	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	65,106	956	347,286	18,879	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	274,667	4,866	733,888	2,444,105	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	28,484	512	124,499	7,360	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	83,417	1,211	353,839	32,566	52.00
53.00	05300	ANESTHESIOLOGY	0	12,207	227	0	56,059	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	262,459	5,214	6,553	917,972	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	2,528	0	130,137	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	159	0	7,735	62.00
65.00	06500	RESPIRATORY THERAPY	0	71,210	901	6,553	49,325	65.00
66.00	06600	PHYSICAL THERAPY	0	56,968	729	0	1,708	66.00
67.00	06700	OCCUPATIONAL THERAPY	80,113	32,553	514	19,658	703	67.00
69.00	06900	ELECTROCARDIOLOGY	0	69,175	939	104,841	7,986	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,069	102	0	917	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,782	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	5,215	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	771	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	8,138	147	39,315	8,937	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	162	26,210	1,970	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	24,415	389	0	1,776	90.01
90.02	09002	WOUND CARE CLINIC	0	6,104	119	0	13,511	90.02
91.00	09100	EMERGENCY	17,806	209,560	3,241	688,020	116,355	91.00
91.01	09101	CHEMOTHERAPY	0	4,069	46	6,553	1,940	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	8,138	141	39,315	2,571	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description			DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,628,859	2,720,216	54,130	6,041,470	4,203,306	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	30,519	803	0	16,514	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,628,859	2,750,735	54,933	6,041,470	4,219,820	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/30/2017 9:08 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	24,612,385					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	253,782				16.00
17.00	01700	SOCIAL SERVICE	0	0	3,285,612			17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	0	795,198		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	258,012	26,187	2,882,472	0	49,190,413	30.00
31.00	03100	INTENSIVE CARE UNIT	176,534	0	62,299	0	24,511,426	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	303	46,329	0	0	10,655,807	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	10,139	8,729	92,933	0	5,520,337	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	267,645	15,489	0	0	32,198,660	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	27,639	238	0	0	3,073,292	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,353	2,471	92,933	0	7,531,675	52.00
53.00	05300	ANESTHESIOLOGY	109,877	452	0	0	1,328,404	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,187	9,820	0	0	29,888,887	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	757	45,627	0	0	13,472,244	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	795,770	62.00
65.00	06500	RESPIRATORY THERAPY	1,883	840	0	0	4,698,742	65.00
66.00	06600	PHYSICAL THERAPY	0	5,957	0	0	3,919,545	66.00
67.00	06700	OCCUPATIONAL THERAPY	3	201	0	0	2,931,147	67.00
69.00	06900	ELECTROCARDIOLOGY	31,300	20,393	0	0	5,480,711	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	63	0	0	522,333	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,127	0	0	0	23,771,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	25,878,306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,134,150	12,078	0	0	26,972,533	73.00
74.00	07400	RENAL DIALYSIS	585	251	0	0	790,602	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	834,019	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	46	0	0	0	1,956,854	90.01
90.02	09002	WOUND CARE CLINIC	388	0	30,892	0	1,073,055	90.02
91.00	09100	EMERGENCY	456,997	58,657	124,083	795,198	19,807,276	91.00
91.01	09101	CHEMOTHERAPY	4,451	0	0	0	244,934	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	22,002	0	0	0	772,493	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,612,378	253,782	3,285,612	795,198	297,821,235	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	7	0	0	0	6,302,115	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	24,612,385	253,782	3,285,612	795,198	304,123,350	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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
23.00	02300	PARAMED ED PRGM- EMS		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	49,190,413	30.00
31.00	03100	INTENSIVE CARE UNIT	24,511,426	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	10,655,807	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	5,520,337	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	32,198,660	50.00
50.01	05001	OPERATING ROOM	0	50.01
51.00	05100	RECOVERY ROOM	3,073,292	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,531,675	52.00
53.00	05300	ANESTHESIOLOGY	1,328,404	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,888,887	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	13,472,244	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	795,770	62.00
65.00	06500	RESPIRATORY THERAPY	4,698,742	65.00
66.00	06600	PHYSICAL THERAPY	3,919,545	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,931,147	67.00
69.00	06900	ELECTROCARDIOLOGY	5,480,711	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	522,333	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,771,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	25,878,306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,972,533	73.00
74.00	07400	RENAL DIALYSIS	790,602	74.00
76.00	03140	CARDIOLOGY	0	76.00
76.97	07697	CARDIAC REHABILITATION	834,019	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	SPORTS MEDICINE	1,956,854	90.01
90.02	09002	WOUND CARE CLINIC	1,073,055	90.02
91.00	09100	EMERGENCY	19,807,276	91.00
91.01	09101	CHEMOTHERAPY	244,934	91.01
91.02	09102	PAIN CLINIC	0	91.02
91.03	09103	INFUSION CLINIC	772,493	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	297,821,235	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	6,302,115	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	304,123,350	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/30/2017 9:08 am
-------------------------------------	--	-----------------------	---	--

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	27,907	27,725	55,632	55,632	4.00
5.01 00540 NONPATIENT TELEPHONES	0	28,248	28,063	56,311	164	5.01
5.02 00550 DATA PROCESSING	0	26,504	26,331	52,835	0	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	221	13,062	12,976	26,259	0	5.03
5.04 00570 ADMITTING	44,541	28,670	28,483	101,694	3	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	3,647	12,285	12,205	28,137	198	5.05
5.06 00590 OTHER ADMIN AND GENERAL	2,398,741	550,968	547,372	3,497,081	4,442	5.06
6.00 00600 MAINTENANCE & REPAIRS	17,062	3,247,443	3,226,257	6,490,762	883	6.00
7.00 00700 OPERATION OF PLANT	0	239,725	238,160	477,885	4	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	8,335	8,281	16,616	0	8.00
9.00 00900 HOUSEKEEPING	6,531	34,840	34,612	75,983	950	9.00
10.00 01000 DIETARY	32,258	247,134	245,521	524,913	1,096	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	0	75,741	75,246	150,987	1,864	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	201	296,847	294,910	591,958	664	14.00
15.00 01500 PHARMACY	18,282	79,976	79,454	177,712	2,543	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	11,038	40,315	40,052	91,405	0	16.00
17.00 01700 SOCIAL SERVICE	29,042	0	0	29,042	1,045	17.00
23.00 02300 PARAMEDICAL PRGM- EMS	92,286	0	0	92,286	228	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,597	1,156,197	1,148,653	2,308,447	10,230	30.00
31.00 03100 INTENSIVE CARE UNIT	0	616,616	612,592	1,229,208	5,198	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	298,903	296,953	595,856	2,342	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	56,959	56,587	113,546	1,282	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	6,314	1,073,074	1,066,073	2,145,461	5,285	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	297	87,658	87,086	175,041	589	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	89,591	216,108	214,698	520,397	1,591	52.00
53.00 05300 ANESTHESIOLOGY	0	5,298	5,264	10,562	121	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	121,674	682,019	677,568	1,481,261	5,175	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	190,189	188,948	379,137	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	4,206	24,298	24,139	52,643	1,145	65.00
66.00 06600 PHYSICAL THERAPY	122,002	59,887	59,496	241,385	1,004	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,022	62,706	62,297	126,025	727	67.00
69.00 06900 ELECTROCARDIOLOGY	50,874	138,351	137,449	326,674	1,205	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	3,228	3,207	6,435	55	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	174	74.00
76.00 03140 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	227	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	281,868	0	0	281,868	483	90.01
90.02 09002 WOUND CARE CLINIC	0	33,001	32,786	65,787	115	90.02
91.00 09100 EMERGENCY	453,481	279,100	277,279	1,009,860	3,753	91.00
91.01 09101 CHEMOTHERAPY	0	0	0	0	66	91.01
91.02 09102 PAIN CLINIC	0	0	0	0	0	91.02
91.03 09103 INFUSION CLINIC	0	0	0	0	183	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,788,776	9,941,592	9,876,723	23,607,091	55,034 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMBURSABLE	245,413	575,347	571,593	1,392,353	598	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments			0	0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,034,189	10,516,939	10,448,316	24,999,444	55,632 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 9:08 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	56,475					5.01
5.02	00550	DATA PROCESSING	1,056	53,891				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	29	0	26,288			5.03
5.04	00570	ADMINISTRATIVE	571	0	0	102,268		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	342	0	1	0	28,678	5.05
5.06	00590	OTHER ADMIN AND GENERAL	6,421	0	684	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,025	0	445	0	0	6.00
7.00	00700	OPERATION OF PLANT	86	0	1	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	57	0	41	0	0	8.00
9.00	00900	HOUSEKEEPING	457	0	160	0	0	9.00
10.00	01000	DIETARY	0	0	782	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,084	0	10	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	628	0	243	0	0	14.00
15.00	01500	PHARMACY	1,170	0	172	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	171	0	1	0	0	17.00
23.00	02300	PARAMED PRGM- EMS	0	0	4	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,156	4,310	1,128	13,961	2,360	30.00
31.00	03100	INTENSIVE CARE UNIT	4,823	1,729	740	5,558	947	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	1,798	1,161	113	3,732	636	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	457	1,270	107	4,083	696	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,965	6,405	13,858	10,232	3,508	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	457	876	42	1,351	480	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,684	960	185	2,427	526	52.00
53.00	05300	ANESTHESIOLOGY	86	1,000	318	1,866	548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,478	11,261	5,201	12,510	5,330	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	4,191	737	7,589	2,295	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	312	44	804	171	62.00
65.00	06500	RESPIRATORY THERAPY	143	1,456	279	4,337	797	65.00
66.00	06600	PHYSICAL THERAPY	171	573	10	1,344	314	66.00
67.00	06700	OCCUPATIONAL THERAPY	314	416	4	601	228	67.00
69.00	06900	ELECTROCARDIOLOGY	913	1,142	45	1,389	626	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70	5	101	38	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,623	0	3,540	889	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,339	0	7,904	1,828	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,785	0	12,325	3,168	73.00
74.00	07400	RENAL DIALYSIS	29	157	51	453	86	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,855	150	11	31	82	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	86	283	10	0	155	90.01
90.02	09002	WOUND CARE CLINIC	942	208	77	0	114	90.02
91.00	09100	EMERGENCY	2,254	4,953	659	5,405	2,713	91.00
91.01	09101	CHEMOTHERAPY	0	56	11	0	31	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	160	15	657	87	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	52,708	53,846	26,194	102,200	28,653	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	3,767	45	94	68	25	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	56,475	53,891	26,288	102,268	28,678	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 9:08 am	
Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL	3,508,628					5.06
6.00	00600	MAINTENANCE & REPAIRS	236,329	6,731,444				6.00
7.00	00700	OPERATION OF PLANT	5,904	245,173	729,053			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,216	8,525	958	39,413		8.00
9.00	00900	HOUSEKEEPING	44,766	35,632	4,005	0	161,953	9.00
10.00	01000	DIETARY	53,693	252,751	28,409	0	6,354	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	65,326	77,462	8,707	0	1,947	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,098	303,593	34,124	3,157	7,632	14.00
15.00	01500	PHARMACY	278,666	81,794	9,194	0	2,056	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,093	41,231	4,634	0	1,037	16.00
17.00	01700	SOCIAL SERVICE	37,335	0	0	0	0	17.00
23.00	02300	PARAMED PRGM- EMS	8,530	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	419,065	1,182,476	132,910	15,187	29,729	30.00
31.00	03100	INTENSIVE CARE UNIT	224,846	630,630	70,882	5,273	15,854	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	97,937	305,697	34,360	1,995	7,685	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	54,739	58,253	6,548	237	1,464	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	278,561	1,097,463	123,354	2,695	27,590	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	29,290	89,650	10,077	0	2,254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	69,339	221,019	24,842	2,128	5,556	52.00
53.00	05300	ANESTHESIOLOGY	13,022	5,419	609	0	136	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	298,454	697,520	78,401	1,993	17,535	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	144,710	194,512	21,863	0	4,890	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,090	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	51,596	24,850	2,793	0	625	65.00
66.00	06600	PHYSICAL THERAPY	41,741	61,248	6,884	0	1,540	66.00
67.00	06700	OCCUPATIONAL THERAPY	29,420	64,131	7,208	0	1,612	67.00
69.00	06900	ELECTROCARDIOLOGY	53,776	141,496	15,904	1,317	3,557	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,820	3,301	371	0	83	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	274,179	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	298,502	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,136	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,395	0	0	188	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,295	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	22,269	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	10,289	33,751	3,794	0	848	90.02
91.00	09100	EMERGENCY	185,521	285,443	32,084	5,243	7,176	91.00
91.01	09101	CHEMOTHERAPY	2,629	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	8,080	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,462,657	6,143,020	662,915	39,413	147,160	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	45,971	588,424	66,138	0	14,793	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,508,628	6,731,444	729,053	39,413	161,953	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 9:08 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	867,998					10.00
11.00	01100	CAFETERIA	424,177					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	8,471	8,471			12.00
13.00	01300	NURSING ADMINISTRATION	0	12,236	173	319,796		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,177	88	0	988,362	14.00
15.00	01500	PHARMACY	0	16,628	738	0	7,130	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3	0	4	16.00
17.00	01700	SOCIAL SERVICE	0	7,530	99	0	25	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	8,471	23	0	172	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	259,932	99,457	1,233	113,420	46,609	30.00
31.00	03100	INTENSIVE CARE UNIT	105,973	43,924	596	57,577	30,593	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	62,816	21,334	259	16,649	4,658	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	10,040	145	18,383	4,422	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	42,355	738	38,847	572,447	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	4,392	78	6,590	1,724	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,863	184	18,730	7,628	52.00
53.00	05300	ANESTHESIOLOGY	0	1,882	34	0	13,130	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40,473	791	347	215,011	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	383	0	30,481	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	24	0	1,812	62.00
65.00	06500	RESPIRATORY THERAPY	0	10,981	137	347	11,553	65.00
66.00	06600	PHYSICAL THERAPY	0	8,785	111	0	400	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,354	5,020	78	1,041	165	67.00
69.00	06900	ELECTROCARDIOLOGY	0	10,667	142	5,550	1,871	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	627	15	0	215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	725	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	791	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	117	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,255	22	2,081	2,093	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	25	1,387	461	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	3,765	59	0	416	90.01
90.02	09002	WOUND CARE CLINIC	0	941	18	0	3,165	90.02
91.00	09100	EMERGENCY	2,746	32,315	492	36,419	27,253	91.00
91.01	09101	CHEMOTHERAPY	0	627	7	347	454	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	1,255	21	2,081	602	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 9:08 am	
Cost Center Description			DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	867,998	419,471	8,349	319,796	984,494	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	4,706	122	0	3,868	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	867,998	424,177	8,471	319,796	988,362	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 9:08 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	577,803					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	139,407				16.00
17.00	01700	SOCIAL SERVICE	0	0	75,248			17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	0	109,714		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,057	14,385	66,016		4,737,068	30.00
31.00	03100	INTENSIVE CARE UNIT	4,144	0	1,427		2,439,922	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	04000	SUBPROVIDER - I/PF	7	25,449	0		1,184,484	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0		0	41.00
42.00	04200	SUBPROVIDER	0	0	0		0	42.00
43.00	04300	NURSERY	238	4,795	2,128		282,833	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,283	8,508	0		4,388,555	50.00
50.01	05001	OPERATING ROOM	0	0	0		0	50.01
51.00	05100	RECOVERY ROOM	649	131	0		323,671	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	924	1,357	2,128		894,468	52.00
53.00	05300	ANESTHESIOLOGY	2,580	248	0		51,561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,601	5,394	0		2,884,736	54.00
57.00	05700	CT SCAN	0	0	0		0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		0	59.00
60.00	06000	LABORATORY	18	25,064	0		815,870	60.00
60.01	06001	BLOOD LABORATORY	0	0	0		0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		12,257	62.00
65.00	06500	RESPIRATORY THERAPY	44	462	0		164,188	65.00
66.00	06600	PHYSICAL THERAPY	0	3,272	0		368,782	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	110	0		249,454	67.00
69.00	06900	ELECTROCARDIOLOGY	735	11,202	0		578,211	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	34	0		17,170	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	50	0	0		281,006	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		312,364	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	543,099	6,634	0		615,264	73.00
74.00	07400	RENAL DIALYSIS	14	138	0		15,136	74.00
76.00	03140	CARDIOLOGY	0	0	0		0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		13,524	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	89.00
90.00	09000	CLINIC	0	0	0		0	90.00
90.01	09001	SPORTS MEDICINE	1	0	0		309,395	90.01
90.02	09002	WOUND CARE CLINIC	9	0	707		120,765	90.02
91.00	09100	EMERGENCY	10,729	32,224	2,842		1,690,084	91.00
91.01	09101	CHEMOTHERAPY	104	0	0		4,332	91.01
91.02	09102	PAIN CLINIC	0	0	0		0	91.02
91.03	09103	INFUSION CLINIC	517	0	0		13,658	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0		0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0		0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0		0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	577,803	139,407	75,248	0	22,768,758	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	0	0		2,120,972	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		0	192.00
200.00		Cross Foot Adjustments				109,714	109,714	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	577,803	139,407	75,248	109,714	24,999,444	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/30/2017 9:08 am
Cost Center	Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMIN AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
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
23.00	02300	PARAMED ED PRGM- EMS			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	4,737,068	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,439,922	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	1,184,484	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	282,833	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,388,555	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	0	323,671	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	894,468	52.00
53.00	05300	ANESTHESIOLOGY	0	51,561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,884,736	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	815,870	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	12,257	62.00
65.00	06500	RESPIRATORY THERAPY	0	164,188	65.00
66.00	06600	PHYSICAL THERAPY	0	368,782	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	249,454	67.00
69.00	06900	ELECTROCARDIOLOGY	0	578,211	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,170	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	281,006	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	312,364	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	615,264	73.00
74.00	07400	RENAL DIALYSIS	0	15,136	74.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	13,524	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	309,395	90.01
90.02	09002	WOUND CARE CLINIC	0	120,765	90.02
91.00	09100	EMERGENCY	0	1,690,084	91.00
91.01	09101	CHEMOTHERAPY	0	4,332	91.01
91.02	09102	PAIN CLINIC	0	0	91.02
91.03	09103	INFUSION CLINIC	0	13,658	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	22,768,758	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	2,120,972	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		Cross Foot Adjustments	0	109,714	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	24,999,444	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	772,172					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		772,172				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,049	2,049	115,748,219			4.00
5.01 00540 NONPATIENT TELEPHONES	2,074	2,074	340,458	1,979		5.01
5.02 00550 DATA PROCESSING	1,946	1,946	0	37	1,274,505,312	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	959	959	0	1	0	5.03
5.04 00570 ADMITTING	2,105	2,105	5,456	20	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	902	902	412,060	12	0	5.05
5.06 00590 OTHER ADMIN AND GENERAL	40,453	40,453	9,235,514	225	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	238,433	238,433	1,835,256	106	0	6.00
7.00 00700 OPERATION OF PLANT	17,601	17,601	7,406	3	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	612	612	0	2	0	8.00
9.00 00900 HOUSEKEEPING	2,558	2,558	1,974,853	16	0	9.00
10.00 01000 DIETARY	18,145	18,145	2,278,460	0	0	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	5,561	5,561	3,874,467	38	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	21,795	21,795	1,381,389	22	0	14.00
15.00 01500 PHARMACY	5,872	5,872	5,286,728	41	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,960	2,960	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	2,172,050	6	0	17.00
23.00 02300 PARAMED PRGM- EMS	0	0	474,172	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	84,890	84,890	21,357,449	356	102,623,439	30.00
31.00 03100 INTENSIVE CARE UNIT	45,273	45,273	10,807,433	169	41,174,145	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	21,946	21,946	4,868,874	63	27,640,890	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	4,182	4,182	2,665,587	16	30,246,229	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	78,787	78,787	10,986,969	174	152,501,701	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	6,436	6,436	1,225,164	16	20,852,117	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	15,867	15,867	3,308,025	59	22,866,027	52.00
53.00 05300 ANESTHESIOLOGY	389	389	251,238	3	23,808,681	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	50,075	50,075	10,759,031	227	259,509,401	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	13,964	13,964	0	0	99,786,422	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	7,422,221	62.00
65.00 06500 RESPIRATORY THERAPY	1,784	1,784	2,381,441	5	34,663,036	65.00
66.00 06600 PHYSICAL THERAPY	4,397	4,397	2,087,296	6	13,635,821	66.00
67.00 06700 OCCUPATIONAL THERAPY	4,604	4,604	1,512,076	11	9,896,890	67.00
69.00 06900 ELECTROCARDIOLOGY	10,158	10,158	2,504,462	32	27,198,622	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	237	237	115,209	0	1,661,277	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	38,635,142	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	79,493,188	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	137,733,399	73.00
74.00 07400 RENAL DIALYSIS	0	0	360,708	1	3,747,473	74.00
76.00 03140 CARDIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	472,452	65	3,582,524	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	0	0	1,004,758	3	6,745,852	90.01
90.02 09002 WOUND CARE CLINIC	2,423	2,423	238,575	33	4,940,968	90.02
91.00 09100 EMERGENCY	20,492	20,492	7,803,461	79	117,937,331	91.00
91.01 09101 CHEMOTHERAPY	0	0	136,734	0	1,330,733	91.01
91.02 09102 PAIN CLINIC	0	0	0	0	0	91.02
91.03 09103 INFUSION CLINIC	0	0	379,729	0	3,801,927	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)				
	1.00	2.00				
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	729,929	729,929	114,504,940	1,847	1,273,435,456 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMBURSABLE	42,243	42,243	1,243,279	132	1,069,856	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	10,516,939	10,448,316	30,221,156	635,071	7,685,045 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.619943	13.531073	0.261094	320.905003	0.006030 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			55,632	56,475	53,891 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000481	28.537140	0.000042 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMINNING (I/P REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMIN AND GENERAL (ACCU. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES	51,427,362					5.03
5.04	00570 ADMINNING	0	756,760,112				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	2,257	0	1,274,505,312			5.05
5.06	00590 OTHER ADMIN AND GENERAL	1,339,129	0	0	-13,618,172	290,505,178	5.06
6.00	00600 MAINTENANCE & REPAIRS	871,550	0	0	0	19,566,928	6.00
7.00	00700 OPERATION OF PLANT	1,490	0	0	0	488,858	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	81,112	0	0	0	1,094,212	8.00
9.00	00900 HOUSEKEEPING	312,273	0	0	0	3,706,412	9.00
10.00	01000 DIETARY	1,531,025	0	0	0	4,445,550	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	20,268	0	0	0	5,408,648	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	476,390	0	0	0	2,740,337	14.00
15.00	01500 PHARMACY	337,537	0	0	0	23,072,172	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	199	0	0	0	90,468	16.00
17.00	01700 SOCIAL SERVICE	1,200	0	0	0	3,091,117	17.00
23.00	02300 PARAMEDICAL PRGM- EMS	8,137	0	0	0	706,273	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	2,206,553	102,623,439	102,623,439	0	34,704,421	30.00
31.00	03100 INTENSIVE CARE UNIT	1,448,319	41,173,828	41,174,145	0	18,616,160	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I/P	220,515	27,640,890	27,640,890	0	8,108,711	40.00
41.00	04100 SUBPROVIDER - I/R	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	209,340	30,246,229	30,246,229	0	4,532,114	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	27,101,742	75,794,546	152,501,701	0	23,063,489	50.00
50.01	05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	81,612	10,005,335	20,852,117	0	2,425,079	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	361,114	17,977,519	22,866,027	0	5,740,901	52.00
53.00	05300 ANESTHESIOLOGY	621,611	13,825,076	23,808,681	0	1,078,140	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,178,993	92,664,292	259,509,401	0	24,710,514	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	1,443,028	56,216,187	99,786,422	0	11,981,267	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	85,775	5,956,069	7,422,221	0	752,596	62.00
65.00	06500 RESPIRATORY THERAPY	546,941	32,125,087	34,663,036	0	4,271,919	65.00
66.00	06600 PHYSICAL THERAPY	18,940	9,958,416	13,635,821	0	3,455,930	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,793	4,453,663	9,896,890	0	2,435,846	67.00
69.00	06900 ELECTROCARDIOLOGY	88,555	10,285,698	27,198,622	0	4,452,394	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	10,171	751,606	1,661,277	0	481,859	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,223,007	38,635,142	0	22,700,698	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	58,548,022	79,493,188	0	24,714,524	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	91,294,733	137,733,399	0	3,654,231	73.00
74.00	07400 RENAL DIALYSIS	99,096	3,355,978	3,747,473	0	695,037	74.00
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	21,841	229,746	3,582,524	0	769,600	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	19,688	0	6,745,852	0	1,843,795	90.01
90.02	09002 WOUND CARE CLINIC	149,817	0	4,940,968	0	851,920	90.02
91.00	09100 EMERGENCY	1,290,212	40,039,718	117,937,331	0	15,360,244	91.00
91.01	09101 CHEMOTHERAPY	21,516	0	1,330,733	0	217,671	91.01
91.02	09102 PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103 INFUSION CLINIC	28,507	4,866,065	3,801,927	0	668,966	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMINITTING (I/P REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	51,244,246	756,255,149	1,273,435,456	-13,618,172	286,699,001
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	183,116	504,963	1,069,856	0	3,806,177
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	43,803	159,249	25,951,158	13,618,172	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000852	0.000210	0.020362	0.046878	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	26,288	102,268	28,678	3,508,628	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000511	0.000135	0.000023	0.012078	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description		MAINTENANCE & REPAIRS (SQARE FEET 2)	OPERATION OF PLANT (SQARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	483,251				6.00
7.00	00700	OPERATION OF PLANT	17,601	465,650			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	612	612	1,572,379		8.00
9.00	00900	HOUSEKEEPING	2,558	2,558	0	462,480	9.00
10.00	01000	DIETARY	18,145	18,145	0	18,145	399,577
11.00	01100	CAFETERIA	0	0	0	0	195,267
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	5,561	5,561	0	5,561	0
14.00	01400	CENTRAL SERVICES & SUPPLY	21,795	21,795	125,955	21,795	0
15.00	01500	PHARMACY	5,872	5,872	0	5,872	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,960	2,960	0	2,960	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED ED PRGM- EMS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,890	84,890	605,908	84,890	119,658
31.00	03100	INTENSIVE CARE UNIT	45,273	45,273	210,367	45,273	48,784
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	21,946	21,946	79,595	21,946	28,917
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	4,182	4,182	9,441	4,182	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	78,787	78,787	107,502	78,787	0
50.01	05001	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	6,436	6,436	0	6,436	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,867	15,867	84,907	15,867	0
53.00	05300	ANESTHESIOLOGY	389	389	0	389	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,075	50,075	79,503	50,075	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	13,964	13,964	0	13,964	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,784	1,784	0	1,784	0
66.00	06600	PHYSICAL THERAPY	4,397	4,397	0	4,397	0
67.00	06700	OCCUPATIONAL THERAPY	4,604	4,604	0	4,604	5,687
69.00	06900	ELECTROCARDIOLOGY	10,158	10,158	52,524	10,158	0
70.00	07000	ELECTROENCEPHALOGRAPHY	237	237	0	237	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	7,520	0	0
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SPORTS MEDICINE	0	0	0	0	0
90.02	09002	WOUND CARE CLINIC	2,423	2,423	0	2,423	0
91.00	09100	EMERGENCY	20,492	20,492	209,157	20,492	1,264
91.01	09101	CHEMOTHERAPY	0	0	0	0	0
91.02	09102	PAIN CLINIC	0	0	0	0	0
91.03	09103	INFUSION CLINIC	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET 2)	OPERATION OF PLANT (SQUARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	441,008	423,407	1,572,379	420,237	399,577	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	42,243	42,243	0	42,243	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	20,484,186	1,257,851	1,173,101	3,995,500	5,628,859	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	42.388295	2.701280	0.746068	8.639293	14.087045	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,731,444	729,053	39,413	161,953	867,998	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	13.929498	1.565667	0.025066	0.350184	2.172292	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	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
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,352					11.00
12.00	01200	27	260,878,944				12.00
13.00	01300	39	5,408,642	922			13.00
14.00	01400	42	2,740,333	0	46,791,858		14.00
15.00	01500	53	23,072,165	0	337,537	14,923,933	15.00
16.00	01600	0	90,468	0	189	0	16.00
17.00	01700	24	3,091,116	0	1,200	0	17.00
23.00	02300	27	706,273	0	8,137	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	317	34,704,256	327	2,206,553	156,448	30.00
31.00	03100	140	18,616,092	166	1,448,319	107,043	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	68	8,108,673	48	220,515	184	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	32	4,532,081	53	209,340	6,148	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	135	23,063,307	112	27,101,742	162,289	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	14	2,425,056	19	81,612	16,759	51.00
52.00	05200	41	5,740,869	54	361,114	23,862	52.00
53.00	05300	6	1,078,116	0	621,611	66,625	53.00
54.00	05400	129	24,710,872	1	10,178,993	41,346	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	11,981,167	0	1,443,028	459	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	752,589	0	85,775	0	62.00
65.00	06500	35	4,271,883	1	546,941	1,142	65.00
66.00	06600	28	3,456,073	0	18,940	0	66.00
67.00	06700	16	2,435,835	3	7,793	2	67.00
69.00	06900	34	4,452,362	16	88,555	18,979	69.00
70.00	07000	2	481,857	0	10,171	0	70.00
71.00	07100	0	22,664,659	0	0	1,290	71.00
72.00	07200	0	24,714,445	0	0	0	72.00
73.00	07300	0	3,654,094	0	0	14,027,591	73.00
74.00	07400	4	695,033	6	99,096	355	74.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	769,586	4	21,841	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	12	1,844,287	0	19,688	28	90.01
90.02	09002	3	563,854	0	149,817	235	90.02
91.00	09100	103	15,360,114	105	1,290,212	277,104	91.00
91.01	09101	2	217,670	1	21,516	2,699	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	4	668,962	6	28,507	13,341	91.03
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,337	257,072,789	922	46,608,742	14,923,929
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	15	3,806,155	0	183,116	4,190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,750,735	54,933	6,041,470	4,219,820	24,612,385
203.00		Unit cost multiplier (Wkst. B, Part I)	2,034.567308	0.000211	6,552.570499	0.090183	1.649189
204.00		Cost to be allocated (per Wkst. B, Part II)	424,177	8,471	319,796	988,362	577,803
205.00		Unit cost multiplier (Wkst. B, Part II)	313.740385	0.000032	346.850325	0.021123	0.038717

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM- EMS (ASSIGNED TIME)	
		16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540 NONPATIENT TELEPHONES				5.01
5.02	00550 DATA PROCESSING				5.02
5.03	00560 PURCHASING RECEIVING AND STORES				5.03
5.04	00570 ADMITTING				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590 OTHER ADMIN AND GENERAL				5.06
6.00	00600 MAINTENANCE & REPAIRS				6.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
12.00	01200 MAINTENANCE OF PERSONNEL				12.00
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	20,235			16.00
17.00	01700 SOCIAL SERVICE	0	12,763		17.00
23.00	02300 PARAMED ED PRGM- EMS	0	0	28,740	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	2,088	11,197	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	242	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	3,694	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
43.00	04300 NURSERY	696	361	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1,235	0	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	50.01
51.00	05100 RECOVERY ROOM	19	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	197	361	0	52.00
53.00	05300 ANESTHESIOLOGY	36	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	783	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	3,638	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	67	0	0	65.00
66.00	06600 PHYSICAL THERAPY	475	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	16	0	0	67.00
69.00	06900 ELECTROCARDIOLOGY	1,626	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	963	0	0	73.00
74.00	07400 RENAL DIALYSIS	20	0	0	74.00
76.00	03140 RADIOLOGY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0	120	0	90.02
91.00	09100 EMERGENCY	4,677	482	28,740	91.00
91.01	09101 CHEMOTHERAPY	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	0	0	91.02
91.03	09103 INFUSION CLINIC	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM- EMS (ASSIGNED TIME)		
		16.00	17.00	23.00		
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,235	12,763	28,740	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	253,782	3,285,612	795,198	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.541735	257.432579	27.668685	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	139,407	75,248	109,714	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.889400	5.895793	3.817467	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/30/2017 9:08 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	49,190,413		49,190,413	137,496	49,327,909	30.00
31.00 03100 INTENSIVE CARE UNIT	24,511,426		24,511,426	225,844	24,737,270	31.00
32.00 03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	10,655,807		10,655,807	1,497,857	12,153,664	40.00
41.00 04100 SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00 04200 SUBPROVIDER	0		0	0	0	42.00
43.00 04300 NURSERY	5,520,337		5,520,337	292,379	5,812,716	43.00
44.00 04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	32,198,660		32,198,660	4,395,043	36,593,703	50.00
50.01 05001 OPERATING ROOM	0		0	0	0	50.01
51.00 05100 RECOVERY ROOM	3,073,292		3,073,292	0	3,073,292	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,531,675		7,531,675	1,358,485	8,890,160	52.00
53.00 05300 ANESTHESIOLOGY	1,328,404		1,328,404	0	1,328,404	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	29,888,887		29,888,887	301,464	30,190,351	54.00
57.00 05700 CT SCAN	0		0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00 06000 LABORATORY	13,472,244		13,472,244	0	13,472,244	60.00
60.01 06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	795,770		795,770	0	795,770	62.00
65.00 06500 RESPIRATORY THERAPY	4,698,742	0	4,698,742	0	4,698,742	65.00
66.00 06600 PHYSICAL THERAPY	3,919,545	0	3,919,545	0	3,919,545	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,931,147	0	2,931,147	0	2,931,147	67.00
69.00 06900 ELECTROCARDIOLOGY	5,480,711		5,480,711	0	5,480,711	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	522,333		522,333	0	522,333	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	23,771,770		23,771,770	0	23,771,770	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	25,878,306		25,878,306	0	25,878,306	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	26,972,533		26,972,533	0	26,972,533	73.00
74.00 07400 RENAL DIALYSIS	790,602		790,602	0	790,602	74.00
76.00 03140 RADIOLOGY	0		0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	834,019		834,019	0	834,019	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 09000 CLINIC	0		0	0	0	90.00
90.01 09001 SPORTS MEDICINE	1,956,854		1,956,854	0	1,956,854	90.01
90.02 09002 WOUND CARE CLINIC	1,073,055		1,073,055	0	1,073,055	90.02
91.00 09100 EMERGENCY	19,807,276		19,807,276	2,803,988	22,611,264	91.00
91.01 09101 CHEMOTHERAPY	244,934		244,934	0	244,934	91.01
91.02 09102 PAIN CLINIC	0		0	0	0	91.02
91.03 09103 INFUSION CLINIC	772,493		772,493	0	772,493	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,642,524		2,642,524	0	2,642,524	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00 Subtotal (see instructions)	300,463,759	0	300,463,759	11,012,556	311,476,315	200.00
201.00 Less Observation Beds	2,642,524		2,642,524	0	2,642,524	201.00
202.00 Total (see instructions)	297,821,235	0	297,821,235	11,012,556	308,833,791	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0288

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2017 9:08 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	102,623,439		102,623,439		30.00
31.00	03100	INTENSIVE CARE UNIT	41,173,828		41,173,828		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	27,640,890		27,640,890		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	30,246,229		30,246,229		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	75,794,546	76,707,156	152,501,702	0.211136	50.00
50.01	05001	OPERATING ROOM	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	10,005,335	10,846,782	20,852,117	0.147385	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,977,519	4,888,508	22,866,027	0.329383	52.00
53.00	05300	ANESTHESIOLOGY	13,825,076	9,983,605	23,808,681	0.055795	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	92,664,292	166,845,108	259,509,400	0.115175	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	56,216,187	43,550,235	99,766,422	0.135038	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,956,069	1,466,152	7,422,221	0.107215	62.00
65.00	06500	RESPIRATORY THERAPY	32,125,087	2,537,949	34,663,036	0.135555	65.00
66.00	06600	PHYSICAL THERAPY	9,958,416	3,677,405	13,635,821	0.287445	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,453,663	5,443,227	9,896,890	0.296168	67.00
69.00	06900	ELECTROCARDIOLOGY	10,285,698	16,912,924	27,198,622	0.201507	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	751,606	909,671	1,661,277	0.314417	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,223,007	12,412,135	38,635,142	0.615289	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	58,548,022	20,945,166	79,493,188	0.325541	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	91,294,733	46,830,160	138,124,893	0.195276	73.00
74.00	07400	RENAL DIALYSIS	3,355,978	0	3,355,978	0.235580	74.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	229,746	3,352,778	3,582,524	0.232802	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	SPORTS MEDICINE	0	6,745,852	6,745,852	0.290083	90.01
90.02	09002	WOUND CARE CLINIC	0	4,964,153	4,964,153	0.216161	90.02
91.00	09100	EMERGENCY	40,039,718	77,897,613	117,937,331	0.167947	91.00
91.01	09101	CHEMOTHERAPY	0	1,330,733	1,330,733	0.184059	91.01
91.02	09102	PAIN CLINIC	0	0	0	0.000000	91.02
91.03	09103	INFUSION CLINIC	0	3,801,927	3,801,927	0.203185	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,866,065	15,779,456	20,645,521	0.127995	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	756,255,149	537,828,695	1,294,083,844		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	756,255,149	537,828,695	1,294,083,844		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/30/2017 9:08 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.239956		50.00
50.01	05001	OPERATING ROOM	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.147385		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.388793		52.00
53.00	05300	ANESTHESIOLOGY	0.055795		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116336		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.135038		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.107215		62.00
65.00	06500	RESPIRATORY THERAPY	0.135555		65.00
66.00	06600	PHYSICAL THERAPY	0.287445		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.296168		67.00
69.00	06900	ELECTROCARDIOLOGY	0.201507		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.314417		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.615289		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.325541		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195276		73.00
74.00	07400	RENAL DIALYSIS	0.235580		74.00
76.00	03140	CARDIOLOGY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.232802		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	SPORTS MEDICINE	0.290083		90.01
90.02	09002	WOUND CARE CLINIC	0.216161		90.02
91.00	09100	EMERGENCY	0.191723		91.00
91.01	09101	CHEMOTHERAPY	0.184059		91.01
91.02	09102	PAIN CLINIC	0.000000		91.02
91.03	09103	INFUSION CLINIC	0.203185		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.127995		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0288

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2017 9:08 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	49,190,413		49,190,413	137,496	49,327,909	30.00
31.00	03100 INTENSIVE CARE UNIT	24,511,426		24,511,426	225,844	24,737,270	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	10,655,807		10,655,807	1,497,857	12,153,664	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	5,520,337		5,520,337	292,379	5,812,716	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	32,198,660		32,198,660	4,395,043	36,593,703	50.00
50.01	05001 OPERATING ROOM	0		0	0	0	50.01
51.00	05100 RECOVERY ROOM	3,073,292		3,073,292	0	3,073,292	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,531,675		7,531,675	1,358,485	8,890,160	52.00
53.00	05300 ANESTHESIOLOGY	1,328,404		1,328,404	0	1,328,404	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	29,888,887		29,888,887	301,464	30,190,351	54.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	13,472,244		13,472,244	0	13,472,244	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	795,770		795,770	0	795,770	62.00
65.00	06500 RESPIRATORY THERAPY	4,698,742	0	4,698,742	0	4,698,742	65.00
66.00	06600 PHYSICAL THERAPY	3,919,545	0	3,919,545	0	3,919,545	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,931,147	0	2,931,147	0	2,931,147	67.00
69.00	06900 ELECTROCARDIOLOGY	5,480,711		5,480,711	0	5,480,711	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	522,333		522,333	0	522,333	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	23,771,770		23,771,770	0	23,771,770	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	25,878,306		25,878,306	0	25,878,306	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,972,533		26,972,533	0	26,972,533	73.00
74.00	07400 RENAL DIALYSIS	790,602		790,602	0	790,602	74.00
76.00	03140 RADIOLOGY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	834,019		834,019	0	834,019	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 SPORTS MEDICINE	1,956,854		1,956,854	0	1,956,854	90.01
90.02	09002 WOUND CARE CLINIC	1,073,055		1,073,055	0	1,073,055	90.02
91.00	09100 EMERGENCY	19,807,276		19,807,276	2,803,988	22,611,264	91.00
91.01	09101 CHEMOTHERAPY	244,934		244,934	0	244,934	91.01
91.02	09102 PAIN CLINIC	0		0	0	0	91.02
91.03	09103 INFUSION CLINIC	772,493		772,493	0	772,493	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,642,524		2,642,524	0	2,642,524	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	300,463,759	0	300,463,759	11,012,556	311,476,315	200.00
201.00	Less Observation Beds	2,642,524		2,642,524	0	2,642,524	201.00
202.00	Total (see instructions)	297,821,235	0	297,821,235	11,012,556	308,833,791	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0288

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2017 9:08 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	102,623,439		102,623,439		30.00
31.00	03100	INTENSIVE CARE UNIT	41,173,828		41,173,828		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	27,640,890		27,640,890		40.00
41.00	04100	SUBPROVIDER - I/RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	30,246,229		30,246,229		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	75,794,546	76,707,156	152,501,702	0.211136	50.00
50.01	05001	OPERATING ROOM	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	10,005,335	10,846,782	20,852,117	0.147385	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,977,519	4,888,508	22,866,027	0.329383	52.00
53.00	05300	ANESTHESIOLOGY	13,825,076	9,983,605	23,808,681	0.055795	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	92,664,292	166,845,108	259,509,400	0.115175	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	56,216,187	43,550,235	99,766,422	0.135038	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,956,069	1,466,152	7,422,221	0.107215	62.00
65.00	06500	RESPIRATORY THERAPY	32,125,087	2,537,949	34,663,036	0.135555	65.00
66.00	06600	PHYSICAL THERAPY	9,958,416	3,677,405	13,635,821	0.287445	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,453,663	5,443,227	9,896,890	0.296168	67.00
69.00	06900	ELECTROCARDIOLOGY	10,285,698	16,912,924	27,198,622	0.201507	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	751,606	909,671	1,661,277	0.314417	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,223,007	12,412,135	38,635,142	0.615289	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	58,548,022	20,945,166	79,493,188	0.325541	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	91,294,733	46,830,160	138,124,893	0.195276	73.00
74.00	07400	RENAL DIALYSIS	3,355,978	0	3,355,978	0.235580	74.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	229,746	3,352,778	3,582,524	0.232802	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	SPORTS MEDICINE	0	6,745,852	6,745,852	0.290083	90.01
90.02	09002	WOUND CARE CLINIC	0	4,964,153	4,964,153	0.216161	90.02
91.00	09100	EMERGENCY	40,039,718	77,897,613	117,937,331	0.167947	91.00
91.01	09101	CHEMOTHERAPY	0	1,330,733	1,330,733	0.184059	91.01
91.02	09102	PAIN CLINIC	0	0	0	0.000000	91.02
91.03	09103	INFUSION CLINIC	0	3,801,927	3,801,927	0.203185	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,866,065	15,779,456	20,645,521	0.127995	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	756,255,149	537,828,695	1,294,083,844		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	756,255,149	537,828,695	1,294,083,844		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/30/2017 9:08 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	OPERATING ROOM	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03140	CARDIOLOGY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	SPORTS MEDICINE	0.000000		90.01
90.02	09002	WOUND CARE CLINIC	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	CHEMOTHERAPY	0.000000		91.01
91.02	09102	PAIN CLINIC	0.000000		91.02
91.03	09103	INFUSION CLINIC	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/30/2017 9:08 am
--	-----------------------	---	---

Cost Center Description	Title XVIII			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,737,068	0	4,737,068	38,006	124.64	30.00
31.00	INTENSIVE CARE UNIT	2,439,922		2,439,922	18,068	135.04	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,184,484	0	1,184,484	9,639	122.88	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	282,833		282,833	3,706	76.32	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	8,644,307		8,644,307	69,419		200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,849	1,601,499				30.00
31.00	INTENSIVE CARE UNIT	10,325	1,394,288				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	1,960	240,845				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (Lines 30-199)	25,134	3,236,632				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/30/2017 9:08 am
--	--	-----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,388,555	152,501,702	0.028777	25,415,537	731,383	50.00
50.01	05001 OPERATING ROOM	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	323,671	20,852,117	0.015522	3,471,373	53,883	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	894,468	22,866,027	0.039118	7,539	295	52.00
53.00	05300 ANESTHESIOLOGY	51,561	23,808,681	0.002166	3,851,462	8,342	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,884,736	259,509,400	0.011116	42,791,643	475,672	54.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	815,870	99,766,422	0.008178	23,473,300	191,965	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	12,257	7,422,221	0.001651	2,370,962	3,914	62.00
65.00	06500 RESPIRATORY THERAPY	164,188	34,663,036	0.004737	14,817,639	70,191	65.00
66.00	06600 PHYSICAL THERAPY	368,782	13,635,821	0.027045	4,965,275	134,286	66.00
67.00	06700 OCCUPATIONAL THERAPY	249,454	9,896,890	0.025205	2,269,833	57,211	67.00
69.00	06900 ELECTROCARDIOLOGY	578,211	27,198,622	0.021259	5,228,167	111,146	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	17,170	1,661,277	0.010335	294,378	3,042	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	281,006	38,635,142	0.007273	10,348,219	75,263	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	312,364	79,493,188	0.003929	21,258,694	83,525	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	615,264	138,124,893	0.004454	37,249,010	165,907	73.00
74.00	07400 RENAL DIALYSIS	15,136	3,355,978	0.004510	2,169,313	9,784	74.00
76.00	03140 RADIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	13,524	3,582,524	0.003775	95,100	359	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 SPORTS MEDICINE	309,395	6,745,852	0.045864	0	0	90.01
90.02	09002 WOUND CARE CLINIC	120,765	4,964,153	0.024327	0	0	90.02
91.00	09100 EMERGENCY	1,690,084	117,937,331	0.014330	16,963,794	243,091	91.00
91.01	09101 CHEMOTHERAPY	4,332	1,330,733	0.003255	0	0	91.01
91.02	09102 PAIN CLINIC	0	0	0.000000	0	0	91.02
91.03	09103 INFUSION CLINIC	13,658	3,801,927	0.003592	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	253,767	20,645,521	0.012292	2,333,467	28,683	92.00
200.00	Total (Lines 50-199)	14,378,218	1,092,399,458		219,374,705	2,447,942	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/30/2017 9:08 am
---	-----------------------	---	---

Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	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	38,006	0.00	12,849	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	18,068	0.00	10,325	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,639	0.00	1,960	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	3,706	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
200.00		Total (lines 30-199)	69,419		25,134	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 9:08 am
--	-----------------------	---	--

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	795,198	0	795,198
91.01	09101	CHEMOTHERAPY	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	795,198	0	795,198

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 9:08 am
--	-----------------------	---------------------------------------	---

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	0	152,501,702	0.000000	0.000000	25,415,537	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	20,852,117	0.000000	0.000000	3,471,373	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	22,866,027	0.000000	0.000000	7,539	52.00
53.00	05300	ANESTHESIOLOGY	0	23,808,681	0.000000	0.000000	3,851,462	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	259,509,400	0.000000	0.000000	42,791,643	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	99,766,422	0.000000	0.000000	23,473,300	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,422,221	0.000000	0.000000	2,370,962	62.00
65.00	06500	RESPIRATORY THERAPY	0	34,663,036	0.000000	0.000000	14,817,639	65.00
66.00	06600	PHYSICAL THERAPY	0	13,635,821	0.000000	0.000000	4,965,275	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,896,890	0.000000	0.000000	2,269,833	67.00
69.00	06900	ELECTROCARDIOLOGY	0	27,198,622	0.000000	0.000000	5,228,167	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,661,277	0.000000	0.000000	294,378	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	38,635,142	0.000000	0.000000	10,348,219	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	79,493,188	0.000000	0.000000	21,258,694	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	138,124,893	0.000000	0.000000	37,249,010	73.00
74.00	07400	RENAL DIALYSIS	0	3,355,978	0.000000	0.000000	2,169,313	74.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,582,524	0.000000	0.000000	95,100	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	SPORTS MEDICINE	0	6,745,852	0.000000	0.000000	0	90.01
90.02	09002	WOUND CARE CLINIC	0	4,964,153	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	795,198	117,937,331	0.006743	0.006743	16,963,794	91.00
91.01	09101	CHEMOTHERAPY	0	1,330,733	0.000000	0.000000	0	91.01
91.02	09102	PAIN CLINIC	0	0	0.000000	0.000000	0	91.02
91.03	09103	INFUSION CLINIC	0	3,801,927	0.000000	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,645,521	0.000000	0.000000	2,333,467	92.00
200.00		Total (Lines 50-199)	795,198	1,092,399,458			219,374,705	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 9:08 am
--	-----------------------	---	--

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII						
Hospital						
PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	17,434,055	0	50.00
50.01	05001	OPERATING ROOM	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	2,017,206	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	989	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,942,988	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	55,110,858	0	54.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	14,404,576	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	640,086	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	887,897	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,000,365	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	986,353	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	5,818,676	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	234,835	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,267,782	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,763,403	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,599,220	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,594,552	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	1,772,772	0	90.01
90.02	09002	WOUND CARE CLINIC	0	1,985,139	0	90.02
91.00	09100	EMERGENCY	114,387	16,479,618	111,122	91.00
91.01	09101	CHEMOTHERAPY	0	553,235	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	1,971,124	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,255,680	0	92.00
200.00		Total (Lines 50-199)	114,387	159,721,409	111,122	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 9:08 am
--	--	-----------------------	---	---

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	0.211136	17,434,055	0	0	3,680,957	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.147385	2,017,206	0	0	297,306	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.329383	989	0	0	326	52.00
53.00	05300	ANESTHESIOLOGY	0.055795	1,942,988	0	0	108,409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115175	55,110,858	0	0	6,347,393	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.135038	14,404,576	0	3,564	1,945,165	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.107215	640,086	0	0	68,627	62.00
65.00	06500	RESPIRATORY THERAPY	0.135555	887,897	0	0	120,359	65.00
66.00	06600	PHYSICAL THERAPY	0.287445	1,000,365	0	0	287,550	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.296168	986,353	0	0	292,126	67.00
69.00	06900	ELECTROCARDIOLOGY	0.201507	5,818,676	0	0	1,172,504	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.314417	234,835	0	0	73,836	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.615289	4,267,782	0	0	2,625,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.325541	8,763,403	0	0	2,852,847	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195276	16,599,220	0	156,925	3,241,429	73.00
74.00	07400	RENAL DIALYSIS	0.235580	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.232802	1,594,552	0	0	371,215	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.290083	1,772,772	0	0	514,251	90.01
90.02	09002	WOUND CARE CLINIC	0.216161	1,985,139	0	0	429,110	90.02
91.00	09100	EMERGENCY	0.167947	16,479,618	0	0	2,767,702	91.00
91.01	09101	CHEMOTHERAPY	0.184059	553,235	0	0	101,828	91.01
91.02	09102	PAIN CLINIC	0.000000	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0.203185	1,971,124	0	0	400,503	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.127995	5,255,680	0	0	672,701	92.00
200.00		Subtotal (see instructions)		159,721,409	0	160,489	28,372,063	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		159,721,409	0	160,489	28,372,063	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 9:08 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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
50.01 05001 OPERATING ROOM	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	481		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	30,644		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 SPORTS MEDICINE	0	0		90.01
90.02 09002 WOUND CARE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 CHEMOTHERAPY	0	0		91.01
91.02 09102 PAIN CLINIC	0	0		91.02
91.03 09103 INFUSION CLINIC	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	31,125		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	31,125		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0288 Component CCN: 14-S288		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/30/2017 9:08 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,388,555	152,501,702	0.028777	214,472	6,172	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	323,671	20,852,117	0.015522	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	894,468	22,866,027	0.039118	0	0	52.00
53.00	05300	ANESTHESIOLOGY	51,561	23,808,681	0.002166	74,540	161	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,884,736	259,509,400	0.011116	129,004	1,434	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	815,870	99,766,422	0.008178	357,932	2,927	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,257	7,422,221	0.001651	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	164,188	34,663,036	0.004737	71,731	340	65.00
66.00	06600	PHYSICAL THERAPY	368,782	13,635,821	0.027045	24,755	669	66.00
67.00	06700	OCCUPATIONAL THERAPY	249,454	9,896,890	0.025205	15,949	402	67.00
69.00	06900	ELECTROCARDIOLOGY	578,211	27,198,622	0.021259	23,446	498	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,170	1,661,277	0.010335	1,038	11	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	281,006	38,635,142	0.007273	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	312,364	79,493,188	0.003929	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	615,264	138,124,893	0.004454	521,876	2,324	73.00
74.00	07400	RENAL DIALYSIS	15,136	3,355,978	0.004510	5,484	25	74.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	13,524	3,582,524	0.003775	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	SPORTS MEDICINE	309,395	6,745,852	0.045864	0	0	90.01
90.02	09002	WOUND CARE CLINIC	120,765	4,964,153	0.024327	0	0	90.02
91.00	09100	EMERGENCY	1,690,084	117,937,331	0.014330	319,837	4,583	91.00
91.01	09101	CHEMOTHERAPY	4,332	1,330,733	0.003255	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0.000000	0	0	91.02
91.03	09103	INFUSION CLINIC	13,658	3,801,927	0.003592	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,645,521	0.000000	0	0	92.00
200.00		Total (lines 50-199)	14,124,451	1,092,399,458		1,760,064	19,546	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 9:08 am
--	---	---	--

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	795,198	795,198	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	795,198	795,198	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 9:08 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	152,501,702	0.000000	0.000000	214,472 50.00
50.01 05001 OPERATING ROOM	0	0	0.000000	0.000000	0 50.01
51.00 05100 RECOVERY ROOM	0	20,852,117	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	22,866,027	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	23,808,681	0.000000	0.000000	74,540 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	259,509,400	0.000000	0.000000	129,004 54.00
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	99,766,422	0.000000	0.000000	357,932 60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,422,221	0.000000	0.000000	0 62.00
65.00 06500 RESPIRATORY THERAPY	0	34,663,036	0.000000	0.000000	71,731 65.00
66.00 06600 PHYSICAL THERAPY	0	13,635,821	0.000000	0.000000	24,755 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	9,896,890	0.000000	0.000000	15,949 67.00
69.00 06900 ELECTROCARDIOLOGY	0	27,198,622	0.000000	0.000000	23,446 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,661,277	0.000000	0.000000	1,038 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	38,635,142	0.000000	0.000000	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	79,493,188	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	138,124,893	0.000000	0.000000	521,876 73.00
74.00 07400 RENAL DIALYSIS	0	3,355,978	0.000000	0.000000	5,484 74.00
76.00 03140 RADIOLOGY	0	0	0.000000	0.000000	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	3,582,524	0.000000	0.000000	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0 89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
90.01 09001 SPORTS MEDICINE	0	6,745,852	0.000000	0.000000	0 90.01
90.02 09002 WOUND CARE CLINIC	0	4,964,153	0.000000	0.000000	0 90.02
91.00 09100 EMERGENCY	795,198	117,937,331	0.006743	0.006743	319,837 91.00
91.01 09101 CHEMOTHERAPY	0	1,330,733	0.000000	0.000000	0 91.01
91.02 09102 PAIN CLINIC	0	0	0.000000	0.000000	0 91.02
91.03 09103 INFUSION CLINIC	0	3,801,927	0.000000	0.000000	0 91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	20,645,521	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	795,198	1,092,399,458			1,760,064 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 9:08 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	50.01
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
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	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
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03140 RADIOLOGY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0	0	0	90.02
91.00	09100 EMERGENCY	2,157	0	0	91.00
91.01	09101 CHEMOTHERAPY	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	0	0	91.02
91.03	09103 INFUSION CLINIC	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	2,157	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 9:08 am
	Title XVIII	Subprovider - IPF	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	0.211136	0	0	0	0	50.00
50.01 05001 OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.147385	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.329383	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.055795	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.115175	0	0	0	0	54.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.135038	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.107215	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.135555	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.287445	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.296168	0	0	0	0	67.00
69.00 06900 ELECTROCARDIOLOGY	0.201507	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.314417	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.615289	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.325541	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.195276	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.235580	0	0	0	0	74.00
76.00 03140 RADIOLOGY	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.232802	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	0.290083	0	0	0	0	90.01
90.02 09002 WOUND CARE CLINIC	0.216161	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.167947	0	0	0	0	91.00
91.01 09101 CHEMOTHERAPY	0.184059	0	0	0	0	91.01
91.02 09102 PAIN CLINIC	0.000000	0	0	0	0	91.02
91.03 09103 INFUSION CLINIC	0.203185	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.127995	0	0	0	0	92.00
200.00 Subtotal (see instructions)		0	0	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 9:08 am
		Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPERATING ROOM	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 SPORTS MEDICINE	0	0		90.01
90.02 09002 WOUND CARE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 CHEMOTHERAPY	0	0		91.01
91.02 09102 PAIN CLINIC	0	0		91.02
91.03 09103 INFUSION CLINIC	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 9:08 am
--	--	-----------------------	---	---

		Title XIX		Hospital		Cost		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.211136	0	1,001,844	0	0	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.147385	0	170,342	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.329383	0	258,077	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055795	0	141,389	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115175	0	3,224,739	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.135038	0	1,583,111	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.107215	0	24,538	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.135555	0	78,479	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.287445	0	160,306	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.296168	0	338,133	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.201507	0	265,639	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.314417	0	43,330	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.615289	0	101,111	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.325541	0	67,149	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195276	0	859,789	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.235580	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.232802	0	4,800	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.290083	0	62,636	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0.216161	0	12,827	0	0	90.02
91.00	09100	EMERGENCY	0.167947	0	3,843,192	0	0	91.00
91.01	09101	CHEMOTHERAPY	0.184059	0	9,999	0	0	91.01
91.02	09102	PAIN CLINIC	0.000000	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0.203185	0	68,407	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.127995	0	985,735	0	0	92.00
200.00		Subtotal (see instructions)		0	13,305,572	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	13,305,572	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 9:08 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	211,525	0		50.00
50.01 05001 OPERATING ROOM	0	0		50.01
51.00 05100 RECOVERY ROOM	25,106	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	85,006	0		52.00
53.00 05300 ANESTHESIOLOGY	7,889	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	371,409	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	213,780	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,631	0		62.00
65.00 06500 RESPIRATORY THERAPY	10,638	0		65.00
66.00 06600 PHYSICAL THERAPY	46,079	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	100,144	0		67.00
69.00 06900 ELECTROCARDIOLOGY	53,528	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	13,624	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	62,212	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	21,860	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	167,896	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	1,117	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 SPORTS MEDICINE	18,170	0		90.01
90.02 09002 WOUND CARE CLINIC	2,773	0		90.02
91.00 09100 EMERGENCY	645,453	0		91.00
91.01 09101 CHEMOTHERAPY	1,840	0		91.01
91.02 09102 PAIN CLINIC	0	0		91.02
91.03 09103 INFUSION CLINIC	13,899	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	126,169	0		92.00
200.00 Subtotal (see instructions)	2,202,748	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,202,748	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2017 9:08 am
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)		38,006	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,006	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)		35,970	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)		12,849	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)		49,327,909	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)		49,327,909	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)		49,327,909	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,297.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,676,717	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)		16,676,717	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2017 9:08 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	24,737,270	18,068	1,369.12	10,325	14,136,164		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					45,130,197		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					75,943,078		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)					2,995,787		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,562,329		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,558,116		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					70,384,962		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)					2,036		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,297.90		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,642,524		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0288		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/30/2017 9:08 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,737,068	49,327,909	0.096032	2,642,524	253,767	90.00
91.00	Nursing School cost	0	49,327,909	0.000000	2,642,524	0	91.00
92.00	Allied health cost	0	49,327,909	0.000000	2,642,524	0	92.00
93.00	All other Medical Education	0	49,327,909	0.000000	2,642,524	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 9:08 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,639	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,639	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)		9,639	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,960	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,153,664	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,153,664	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,153,664	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,260.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,471,325	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)		2,471,325	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
					Component CCN: 14-S288		Date/Time Prepared: 5/30/2017 9:08 am
					Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					310,101	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,781,426	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)					240,845	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					21,703	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					262,548	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,518,878	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0288 Component CCN: 14-S288		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/30/2017 9:08 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,184,484	12,153,664	0.097459	0	0	90.00
91.00	Nursing School cost	0	12,153,664	0.000000	0	0	91.00
92.00	Allied health cost	0	12,153,664	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,153,664	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 9:08 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		38,841,956	30.00
31.00	03100	INTENSIVE CARE UNIT		19,051,404	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.239956	25,415,537	6,098,611 50.00
50.01	05001	OPERATING ROOM	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.147385	3,471,373	511,628 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.388793	7,539	2,931 52.00
53.00	05300	ANESTHESIOLOGY	0.055795	3,851,462	214,892 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116336	42,791,643	4,978,209 54.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.135038	23,473,300	3,169,787 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.107215	2,370,962	254,203 62.00
65.00	06500	RESPIRATORY THERAPY	0.135555	14,817,639	2,008,605 65.00
66.00	06600	PHYSICAL THERAPY	0.287445	4,965,275	1,427,243 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.296168	2,269,833	672,252 67.00
69.00	06900	ELECTROCARDIOLOGY	0.201507	5,228,167	1,053,512 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.314417	294,378	92,557 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.615289	10,348,219	6,367,145 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.325541	21,258,694	6,920,577 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195276	37,249,010	7,273,838 73.00
74.00	07400	RENAL DIALYSIS	0.235580	2,169,313	511,047 74.00
76.00	03140	CARDIOLOGY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.232802	95,100	22,139 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	SPORTS MEDICINE	0.290083	0	0 90.01
90.02	09002	WOUND CARE CLINIC	0.216161	0	0 90.02
91.00	09100	EMERGENCY	0.191723	16,963,794	3,252,349 91.00
91.01	09101	CHEMOTHERAPY	0.184059	0	0 91.01
91.02	09102	PAIN CLINIC	0.000000	0	0 91.02
91.03	09103	INFUSION CLINIC	0.203185	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.127995	2,333,467	298,672 92.00
200.00		Total (sum of lines 50-94 and 96-98)		219,374,705	45,130,197 200.00
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)		219,374,705	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Component CCN: 14-S288		Date/Time Prepared: 5/30/2017 9:08 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		6,486,062	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.239956	214,472	50.00
50.01	05001	OPERATING ROOM	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.147385	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.388793	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055795	74,540	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116336	129,004	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.135038	357,932	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.107215	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.135555	71,731	65.00
66.00	06600	PHYSICAL THERAPY	0.287445	24,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.296168	15,949	67.00
69.00	06900	ELECTROCARDIOLOGY	0.201507	23,446	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.314417	1,038	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.615289	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.325541	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195276	521,876	73.00
74.00	07400	RENAL DIALYSIS	0.235580	5,484	74.00
76.00	03140	CARDIOLOGY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.232802	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	SPORTS MEDICINE	0.290083	0	90.01
90.02	09002	WOUND CARE CLINIC	0.216161	0	90.02
91.00	09100	EMERGENCY	0.191723	319,837	91.00
91.01	09101	CHEMOTHERAPY	0.184059	0	91.01
91.02	09102	PAIN CLINIC	0.000000	0	91.02
91.03	09103	INFUSION CLINIC	0.203185	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.127995	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,760,064	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,760,064	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 9:08 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,333,080	30.00
31.00	03100	INTENSIVE CARE UNIT		2,139,790	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		3,325,365	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.211136	2,104,014	444,233 50.00
50.01	05001	OPERATING ROOM	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.147385	201,244	29,660 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.329383	972,910	320,460 52.00
53.00	05300	ANESTHESIOLOGY	0.055795	449,773	25,095 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115175	3,036,710	349,753 54.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.135038	2,277,884	307,601 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.107215	259,439	27,816 62.00
65.00	06500	RESPIRATORY THERAPY	0.135555	1,263,665	171,296 65.00
66.00	06600	PHYSICAL THERAPY	0.287445	284,246	81,705 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.296168	110,006	32,580 67.00
69.00	06900	ELECTROCARDIOLOGY	0.201507	266,945	53,791 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.314417	70,178	22,065 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.615289	649,302	399,508 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.325541	1,079,256	351,342 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195276	3,251,796	634,998 73.00
74.00	07400	RENAL DIALYSIS	0.235580	35,646	8,397 74.00
76.00	03140	CARDIOLOGY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.232802	1,800	419 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	SPORTS MEDICINE	0.290083	0	0 90.01
90.02	09002	WOUND CARE CLINIC	0.216161	0	0 90.02
91.00	09100	EMERGENCY	0.167947	1,755,431	294,819 91.00
91.01	09101	CHEMOTHERAPY	0.184059	0	0 91.01
91.02	09102	PAIN CLINIC	0.000000	0	0 91.02
91.03	09103	INFUSION CLINIC	0.203185	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.127995	179,434	22,967 92.00
200.00		Total (sum of lines 50-94 and 96-98)		18,249,679	3,578,505 200.00
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)		18,249,679	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 9:08 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		39,287,616	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,095,872	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)		1,624,584	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)		282.44	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.81	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.60	31.00
32.00	Sum of lines 30 and 31		16.41	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.42	33.00
34.00	Disproportionate share adjustment (see instructions)		447,879	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 9:08 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	5,977,483,147	35.00
35.01	Factor 3 (see instructions)		0.000257835	0.000223099	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,971,831	1,333,570	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,476,180	336,133	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,812,313		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		435.60		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		56,268,264		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)			56,268,264	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			4,590,217	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			300	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			114,387	58.00
59.00	Total (sum of amounts on lines 49 through 58)			60,973,168	59.00
60.00	Primary payer payments			29,606	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			60,943,562	61.00
62.00	Deductibles billed to program beneficiaries			5,019,672	62.00
63.00	Coinurance billed to program beneficiaries			133,938	63.00
64.00	Allowable bad debts (see instructions)			667,501	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			433,876	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			349,424	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			56,223,828	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	RURAL DEMONSTRATION PROJECT			0	70.50
70.88	SCH or MDH volume decrease adjustment			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			122,159	70.93
70.94	HRR adjustment amount (see instructions)			-167,065	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 9:08 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			56,178,922	71.00
71.01	Sequestration adjustment (see instructions)			1,123,578	71.01
72.00	Interim payments			53,368,883	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)			1,686,461	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			212,514	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)			2,874,943	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/30/2017 9:08 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		31,125	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,260,941	2.00
3.00	PPS payments		23,718,852	3.00
4.00	Outlier payment (see instructions)		120,166	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		111,122	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		31,125	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		160,489	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)		160,489	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)		160,489	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		129,364	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)		31,125	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)		23,950,140	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,313,812	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)		19,667,453	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		19,667,453	30.00
31.00	Primary payer payments		21,620	31.00
32.00	Subtotal (line 30 minus line 31)		19,645,833	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)		497,930	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		323,655	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		307,804	36.00
37.00	Subtotal (see instructions)		19,969,488	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,969,488	40.00
40.01	Sequestration adjustment (see instructions)		399,390	40.01
41.00	Interim payments		19,455,441	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		114,657	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)		74,560	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/30/2017 9:08 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0288

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2017 9:08 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		53,086,644		19,459,576	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/19/2016	233,623		0	3.01	
3.02		12/20/2016	48,616		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	08/19/2016	4,135	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)		282,239		-4,135	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)		53,368,883		19,455,441	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		1,686,461		114,657	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		55,055,344		19,570,098	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	Stephen Booth		00130		8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/30/2017 9:08 am	
		Title XVIII	Subprovider - IPF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				0
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		1,865,580		0
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)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		1,865,580		0
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)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		2,120		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		1,867,700		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor	Stephen Booth		00130	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/30/2017 9:08 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			14,447 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			23,174 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			4,321 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			54,038 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,294,083,844 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			15,334,239 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/30/2017 9:08 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,861,861 1.00
2.00	Net IPF PPS Outlier Payments			198,847 2.00
3.00	Net IPF PPS ECT Payments			19,323 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			26.336066 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,080,031 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,080,031 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,080,031 18.00
19.00	Deductibles			155,764 19.00
20.00	Subtotal (line 18 minus line 19)			1,924,267 20.00
21.00	Coinsurance			20,608 21.00
22.00	Subtotal (line 20 minus line 21)			1,903,659 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,903,659 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			2,157 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,905,816 31.00
31.01	Sequestration adjustment (see instructions)			38,116 31.01
32.00	Interim payments			1,865,580 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			2,120 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			198,847 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 14-0288

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

Worksheet G

Date/Time Prepared:
5/30/2017 9:08 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	72,316,000	0	0	0	1.00
2.00	Temporary investments	71,537,000	1,002,000	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	544,684,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	224,106,000	0	0	0	9.00
10.00	Due from other funds	25,422,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	938,065,000	1,002,000	0	0	11.00
FIXED ASSETS						
12.00	Land	148,150,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,838,618,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,441,911,000	0	0	0	23.00
24.00	Accumulated depreciation	-2,348,043,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	2,080,636,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,363,740,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	379,088,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,742,828,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	7,761,529,000	1,002,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	325,076,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	370,195,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	57,524,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	421,041,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,173,836,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,517,328,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	897,259,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,414,587,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,588,423,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	4,173,106,000	0	0	0	52.00
53.00	Specific purpose fund	0	1,002,000	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	4,173,106,000	1,002,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	7,761,529,000	1,002,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0288

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

Worksheet G-1

Date/Time Prepared:
5/30/2017 9:08 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		4,128,006,558		1,002,000	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		45,099,442			2.00
3.00	Total (sum of line 1 and line 2)		4,173,106,000		1,002,000	3.00
4.00	FUNDING RECEIVED	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		4,173,106,000		1,002,000	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		4,173,106,000		1,002,000	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	FUNDING RECEIVED		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0288

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2017 9:08 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	102,623,439		102,623,439	1.00
2.00	SUBPROVIDER - IPF	27,640,890		27,640,890	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	130,264,329		130,264,329	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	41,173,828		41,173,828	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	41,173,828		41,173,828	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	171,438,157		171,438,157	17.00
18.00	Ancillary services	544,777,274	443,088,417	987,865,691	18.00
19.00	Outpatient services	40,544,681	95,305,171	135,849,852	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	756,760,112	538,393,588	1,295,153,700	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		350,234,670		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)		350,234,670		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0288

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

Worksheet G-3

Date/Time Prepared:
5/30/2017 9:08 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,295,153,700	1.00
2.00	Less contractual allowances and discounts on patients' accounts	903,971,529	2.00
3.00	Net patient revenues (line 1 minus line 2)	391,182,171	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	350,234,670	4.00
5.00	Net income from service to patients (line 3 minus line 4)	40,947,501	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	4,151,941	24.00
25.00	Total other income (sum of lines 6-24)	4,151,941	25.00
26.00	Total (line 5 plus line 25)	45,099,442	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)	45,099,442	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet I-5 Date/Time Prepared: 5/30/2017 9:08 am
--	-----------------------	---	---

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

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0288	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/30/2017 9:08 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,440,140	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		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		153.18	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.81	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.60	8.00
9.00	Sum of lines 7 and 8		16.41	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.38	10.00
11.00	Disproportionate share adjustment (see instructions)		150,077	11.00
12.00	Total prospective capital payments (see instructions)		4,590,217	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