Health Financial Systems | ADVENTIST BOLINGBROOK HOSPITAL | In Lieu of Form CMS-2552-10

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: 14-0304	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/23/2017 4:15 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/23/2017 Time: 4:15 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVENTIST BOLINGBROOK HOSPITAL (14-0304) 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.

Encryption Information

ECR: Date: 5/23/2017 Time: 4:15 pm
6nXEAExsSB2eDUXr0QCVQLp9AQxGX0
3L8ziOJsgHKuM3unVv3gn3ZmzNGJ1p
5IGn1zDrMI0m:PV9

PI: Date: 5/23/2017 Time: 4:15 pm
d0x84rVnu5hvzb2T8bOWhni1vsODy0
5chfDOtR.:VAxRJuoimKqwEuLTiKdG
dkYK0x8MTV0x3adl

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

VP/CFO
Title

05/24/2017
Date

PART III - SETTLEMENT SUMMARY

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital	0	-3,535	-22,858	0	0	1.00
2.00	Subprovider - IPF	0	2	-10		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-3,533	-22,868	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I | Date/Time Prepared: 5/23/2017 3:34 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 500 REMINGTON BLVD	PO Box:			1.00
2.00	City: BOLINGBROOK	State: IL	Zip Code: 60440-	County: WILL	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ADVENTIST BOLINGBROOK HOSPITAL	140304	16974	1	01/13/2008	N	P	O	3.00
4.00	Subprovider - IPF	ADVENTIST BOLINGBROOK HOSPITAL PSYCH	14S304	16974	4	01/01/2016	N	P	T	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2016	12/31/2016	20.00
21.00	Type of Control (see instructions)	1		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	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	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,514	706	0	39	4,034	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I | Date/Time Prepared: 5/23/2017 3:34 pm

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	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	Y	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)	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

ACA Provisions Affecting the Health Resources and Services Administration (HRSA)

62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01

Teaching Hospitals that Claim Residents in Nonprovider Settings

63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
64.00	**Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.** Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	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	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.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00

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		V	XIX	
		1.00	2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,755,105	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 3:34 pm

		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	HF8013	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: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS	Contractor's Number: 09001	141.00
142.00 Street: 900 HOPE WAY	PO Box:		142.00
143.00 City: ALTAMONTE SPRINGS	State: FL	Zip Code: 32714	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		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)	9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 3:34 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2015	09/30/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, 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	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part II | Date/Time Prepared: 5/23/2017 3:34 pm

			Y/N	Date	
			1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
	COMPLETED BY ALL HOSPITALS				
	Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
	Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
	Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
	Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/01/2016	Y	04/01/2016 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: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part II | Date/Time Prepared: 5/23/2017 3:34 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MIKE		THOMPSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVENTIST HEALTH SYSTEM SUNBELT				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338		MIKE.THOMPSON3@AHSS.ORG		43.00

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

VOLUNTARY CONTACT INFORMATION | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part V | Date/Time Prepared: 5/23/2017 3:34 pm

		1.00	
	Cost Report Preparer Contact Information		
1.00	First Name	HARLIN	1.00
2.00	Last Name	THOMPSON	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	ADVENTIST HEALTH SYSTEM SUNBELT INC.	4.00
5.00	Phone Number	(407)357-2338	5.00
6.00	E-mail Address	MIKE.THOMPSON3@AHSS.ORG	6.00
7.00	Department	CORPORATE REIMBURSEMENT	7.00
8.00	Mailing Address 1	900 HOPE WAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	ALTAMONTE SPRINGS	10.00
11.00	State	FL	11.00
12.00	Zip	32714	12.00
	Officer or Administrator of Provider Contact Information		
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part IX | Date/Time Prepared: 5/23/2017 3:34 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 5/23/2017 3:34 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	102	37,332	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)		102	37,332	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		114	41,724	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	24	8,784		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		138				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: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 5/23/2017 3:34 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,123	687	17,359			1.00
2.00	HMO and other (see instructions)	1,590	4,779				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			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,123	687	17,359			7.00
8.00	INTENSIVE CARE UNIT	931	100	2,301			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		691	2,882			13.00
14.00	Total (see instructions)	7,054	1,478	22,542	0.00	525.84	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,379	0	2,638	0.00	20.71	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	32			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	546.55	27.00
28.00	Observation Bed Days		145	3,618			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	36	210			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: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 5/23/2017 3:34 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	1,739	320	5,756	1.00
2.00	HMO and other (see instructions)			377	1,473		2.00
3.00	HMO IPF Subprovider				1		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	1,739	320	5,756	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	207	0	241	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/23/2017 3:34 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	38,995,781	3,212,667	42,208,448	1,152,151.00	36.63	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		27,132	0	27,132	349.00	77.74	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		721,400	0	721,400	13,056.00	55.25	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,860,891	0	1,860,891	57,871.00	32.16	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		188,049	0	188,049	5,272.00	35.67	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		103,604	0	103,604	975.00	106.26	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		4,222,240	0	4,222,240	76,414.00	55.25	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)		8,714,294	0	8,714,294			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		454,494	0	454,494			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		4,139	0	4,139			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		898,351	0	898,351			25.50
25.51	Related orgainzation 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	81,005	0	81,005	4,989.00	16.24	26.00
27.00	Administrative & General	5.00	4,699,914	2,869,299	7,569,213	63,091.00	119.97	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II | Date/Time Prepared: 5/23/2017 3:34 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		38,479	0	38,479	221.00	174.11	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,453,209	0	1,453,209	56,055.00	25.92	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		1,967,446	0	1,967,446	96,685.00	20.35	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,729,371	0	1,729,371	77,712.00	22.25	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	850,827	220,075	1,070,902	20,334.00	52.67	38.00
39.00	Central Services and Supply	14.00	305,617	37,433	343,050	17,495.00	19.61	39.00
40.00	Pharmacy	15.00	1,371,583	0	1,371,583	31,152.00	44.03	40.00
41.00	Medical Records & Medical Records Library	16.00	293,232	85,860	379,092	14,059.00	26.96	41.00
42.00	Social Service	17.00	864,638	0	864,638	21,169.00	40.84	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part III Date/Time Prepared: 5/23/2017 3:34 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		41,982,545	3,212,667	45,195,212	1,313,364.00	34.41	1.00
2.00	Excluded area salaries (see instructions)		1,860,891	0	1,860,891	57,871.00	32.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)		40,121,654	3,212,667	43,334,321	1,255,493.00	34.52	3.00
4.00	Subtotal other wages & related costs (see inst.)		4,513,893	0	4,513,893	82,661.00	54.61	4.00
5.00	Subtotal wage-related costs (see inst.)		9,612,645	0	9,612,645	0.00	22.18	5.00
6.00	Total (sum of lines 3 thru 5)		54,248,192	3,212,667	57,460,859	1,338,154.00	42.94	6.00
7.00	Total overhead cost (see instructions)		13,655,321	3,212,667	16,867,988	402,962.00	41.86	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part IV Date/Time Prepared: 5/23/2017 3:34 pm

		Amount Reported 1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	1,449,915	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	4,350,465	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	60,642	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	270,605	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	2,917,354	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-5,368	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	129,314	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,172,927	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: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part V Date/Time Prepared: 5/23/2017 3:34 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	188,049	0	1.00
2.00	Hospital	188,049	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-10 | Date/Time Prepared: 5/23/2017 3:34 pm

		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)	0.252346	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	13,506,201	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	105,096,951	6.00
7.00	Medicaid cost (line 1 times line 6)	26,520,795	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)	13,014,594	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	31,530	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	13,014,594	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)	7,192,250	0	7,192,250	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	1,814,936	0	1,814,936	21.00
22.00	Partial payment by patients approved for charity care	5,166	0	5,166	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,809,770	0	1,809,770	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	Y	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	1,183	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	8,022,689	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	406,957	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	7,615,732	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,921,800	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	3,731,570	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	16,746,164	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/23/2017 3:34 pm

		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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	7,349,811	7,349,811	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,784,585	4,784,585	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	81,005	5,469,145	5,550,150	0	5,550,150	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,699,914	25,256,260	29,956,174	-508,841	29,447,333	5.00
7.00	00700	OPERATION OF PLANT	1,453,209	3,641,233	5,094,442	-930	5,093,512	7.00
9.00	00900	HOUSEKEEPING	0	2,529,518	2,529,518	-4,320	2,525,198	9.00
10.00	01000	DIETARY	0	2,587,608	2,587,608	-1,884,382	703,226	10.00
11.00	01100	CAFETERIA	0	0	0	1,884,022	1,884,022	11.00
13.00	01300	NURSING ADMINISTRATION	850,827	528,696	1,379,523	303,023	1,682,546	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	305,617	149,904	455,521	356,046	811,567	14.00
15.00	01500	PHARMACY	1,371,583	7,344,311	8,715,894	-4,761,214	3,954,680	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	293,232	81,258	374,490	94,882	469,372	16.00
17.00	01700	SOCIAL SERVICE	864,638	196,701	1,061,339	-120	1,061,219	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,272,305	1,696,948	9,969,253	-1,646,027	8,323,226	30.00
31.00	03100	INTENSIVE CARE UNIT	1,928,877	721,275	2,650,152	-9,060	2,641,092	31.00
40.00	04000	SUBPROVIDER - IPF	1,345,461	171,940	1,517,401	-11	1,517,390	40.00
43.00	04300	NURSERY	0	23,389	23,389	1,172,972	1,196,361	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,503,620	2,549,091	6,052,711	-116,007	5,936,704	50.00
51.00	05100	RECOVERY ROOM	599,362	75,829	675,191	0	675,191	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,219,866	267,686	1,487,552	410,619	1,898,171	52.00
53.00	05300	ANESTHESIOLOGY	47,439	303,784	351,223	-1,320	349,903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,466,231	1,128,771	3,595,002	-453,609	3,141,393	54.00
56.00	05600	RADIOISOTOPE	179,535	19,750	199,285	0	199,285	56.00
57.00	05700	CT SCAN	496,638	269,130	765,768	0	765,768	57.00
58.00	05800	MRI	262,877	27,368	290,245	-490	289,755	58.00
59.00	05900	CARDIAC CATHETERIZATION	465,568	166,281	631,849	-3,515	628,334	59.00
60.00	06000	LABORATORY	1,718,362	2,183,191	3,901,553	-155,631	3,745,922	60.00
65.00	06500	RESPIRATORY THERAPY	714,072	264,764	978,836	-24,592	954,244	65.00
66.00	06600	PHYSICAL THERAPY	0	4,274,752	4,274,752	-393,681	3,881,071	66.00
67.00	06700	OCCUPATIONAL THERAPY	60	147,357	147,417	0	147,417	67.00
68.00	06800	SPEECH PATHOLOGY	0	35,585	35,585	-120	35,465	68.00
69.00	06900	ELECTROCARDIOLOGY	552,139	238,519	790,658	-765	789,893	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,624	417,308	447,932	-120	447,812	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,936,262	2,936,262	-115,822	2,820,440	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,406,077	5,406,077	-33,729	5,372,348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,481,213	4,481,213	73.00
74.00	07400	RENAL DIALYSIS	0	446,516	446,516	0	446,516	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	170,380	229,767	400,147	0	400,147	76.01
76.97	07697	CARDIAC REHABILITATION	133,955	14,381	148,336	0	148,336	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	872,239	473,963	1,346,202	-103,340	1,242,862	90.00
91.00	09100	EMERGENCY	3,580,716	1,298,870	4,879,586	-120	4,879,466	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		10,354,460	10,354,460	-10,619,407	-264,947	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,480,351	83,927,648	122,407,999	0	122,407,999	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	91,800	44,365	136,165	0	136,165	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,584,657	2,584,657	0	2,584,657	192.00
194.00	07950	FOUNDATION	146,425	16,836	163,261	0	163,261	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	86,420	86,420	0	86,420	194.02
194.03	07953	OP PHARMACY	189,780	276,975	466,755	0	466,755	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	87,425	117,693	205,118	0	205,118	194.04
200.00		TOTAL (SUM OF LINES 118-199)	38,995,781	87,054,594	126,050,375	0	126,050,375	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/23/2017 3:34 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	11,267	7,361,078		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	934,467	5,719,052		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,037,067	4,513,083		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,172,043	36,619,376		5.00
7.00	00700	OPERATION OF PLANT	-43,638	5,049,874		7.00
9.00	00900	HOUSEKEEPING	0	2,525,198		9.00
10.00	01000	DIETARY	-477,287	225,939		10.00
11.00	01100	CAFETERIA	0	1,884,022		11.00
13.00	01300	NURSING ADMINISTRATION	-6,863	1,675,683		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-380	811,187		14.00
15.00	01500	PHARMACY	-13,987	3,940,693		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,801	504,173		16.00
17.00	01700	SOCIAL SERVICE	0	1,061,219		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-384,024	7,939,202		30.00
31.00	03100	INTENSIVE CARE UNIT	-276,511	2,364,581		31.00
40.00	04000	SUBPROVIDER - IPF	0	1,517,390		40.00
43.00	04300	NURSERY	-2,260	1,194,101		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-590,600	5,346,104		50.00
51.00	05100	RECOVERY ROOM	0	675,191		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,898,171		52.00
53.00	05300	ANESTHESIOLOGY	0	349,903		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-87,731	3,053,662		54.00
56.00	05600	RADIOISOTOPE	0	199,285		56.00
57.00	05700	CT SCAN	0	765,768		57.00
58.00	05800	MRI	0	289,755		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	628,334		59.00
60.00	06000	LABORATORY	-3,047	3,742,875		60.00
65.00	06500	RESPIRATORY THERAPY	-821	953,423		65.00
66.00	06600	PHYSICAL THERAPY	0	3,881,071		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	147,417		67.00
68.00	06800	SPEECH PATHOLOGY	0	35,465		68.00
69.00	06900	ELECTROCARDIOLOGY	-165,587	624,306		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-101,844	345,968		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,820,440		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,372,348		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-8,117	4,473,096		73.00
74.00	07400	RENAL DIALYSIS	0	446,516		74.00
76.00	03020	ANCILLARY	0	0		76.00
76.01	03950	WOUND CARE	0	400,147		76.01
76.97	07697	CARDIAC REHABILITATION	-8,610	139,726		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-175,494	1,067,368		90.00
91.00	09100	EMERGENCY	-424,870	4,454,596		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	264,947	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,608,787	127,016,786		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	136,165		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,584,657	0		192.00
194.00	07950	FOUNDATION	0	163,261		194.00
194.01	07951	MARKETING	0	0		194.01
194.02	07952	PROF OFFICE BUILDINGS	0	86,420		194.02
194.03	07953	OP PHARMACY	0	466,755		194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	-79,768	125,350		194.04
200.00		TOTAL (SUM OF LINES 118-199)	1,944,362	127,994,737		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet Non-CMS W | Date/Time Prepared: 5/23/2017 3:34 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - IPF	04000		40.00
43.00	NURSERY	04300		43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ANCILLARY	03020	ACUPUNCTURE	76.00
76.01	WOUND CARE	03950		76.01
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	FOUNDATION	07950		194.00
194.01	MARKETING	07951		194.01
194.02	PROF OFFICE BUILDINGS	07952		194.02
194.03	OP PHARMACY	07953		194.03
194.04	OTHER NONREIMBURSABLE COST CENTERS	07954		194.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

	Cost Center	Increases Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - CAFETERIA				
1.00	CAFETERIA	11.00	0	1,884,022	1.00
	0		0	1,884,022	
	B - NURSERY				
1.00	NURSERY	43.00	947,762	225,210	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	290,632	128,520	2.00
	0		1,238,394	353,730	
	C - PROPERTY				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	68,745	1.00
	0		0	68,745	
	D - CNO				
1.00	NURSING ADMINISTRATION	13.00	220,075	83,188	1.00
	0		220,075	83,188	
	E - INTEREST RECLASS				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,458,497	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,490,579	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	336,576	3.00
	0		0	3,285,652	
	F - DEPRECIATION				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,632,700	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,632,310	2.00
	0		0	7,265,010	
	G - SHARED SERVICES				
1.00	ADMINISTRATIVE & GENERAL	5.00	3,089,374	9,308,275	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	37,433	346,077	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	85,860	9,142	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	3,212,667	0	4.00
	0		6,425,334	9,663,494	
	H - BILLABLE SUPPLIES				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	135,666	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
	0		0	135,666	
	I - DRUGS CHARGED TO PATIENTS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,481,213	1.00
2.00		0.00	0	0	2.00
	0		0	4,481,213	
	J - RENT AND LEASES				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,012,772	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	659,496	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
	0		0	1,672,268	
	K - INSURANCE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	177,097	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,200	2.00
	0		0	179,297	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	L - IMPLANTIBLES				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	42,413	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
	TOTALS		0	42,413	
500.00	Grand Total: Increases		7,883,803	29,114,698	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA						
1.00	DIETARY	10.00	0	1,884,022	0		1.00
	0		0	1,884,022			
	B - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,238,394	353,730	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,238,394	353,730			
	C - PROPERTY						
1.00	INTEREST EXPENSE	113.00	0	68,745	13		1.00
	0		0	68,745			
	D - CNO						
1.00	ADMINISTRATIVE & GENERAL	5.00	220,075	83,188	0		1.00
	0		220,075	83,188			
	E - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00	0	3,285,652	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	0		0	3,285,652			
	F - DEPRECIATION						
1.00	INTEREST EXPENSE	113.00	0	7,265,010	9		1.00
2.00		0.00	0	0	9		2.00
	0		0	7,265,010			
	G - SHARED SERVICES						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,212,667	9,663,494	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,212,667	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		3,212,667	12,876,161			
	H - BILLABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,406	0		1.00
2.00	OPERATING ROOM	50.00	0	954	0		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,309	0		3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	114,997	0		4.00
	0		0	135,666			
	I - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	4,480,966	0		1.00
2.00	OPERATING ROOM	50.00	0	247	0		2.00
	0		0	4,481,213			
	J - RENT AND LEASES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	62,424	10		1.00
2.00	OPERATION OF PLANT	7.00	0	930	10		2.00
3.00	HOUSEKEEPING	9.00	0	4,320	0		3.00
4.00	DIETARY	10.00	0	360	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	240	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	10	0		6.00
7.00	PHARMACY	15.00	0	280,248	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	120	0		8.00
9.00	SOCIAL SERVICE	17.00	0	120	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	53,903	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	9,060	0		11.00
12.00	SUBPROVIDER - IPF	40.00	0	11	0		12.00
13.00	OPERATING ROOM	50.00	0	114,806	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	8,533	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	1,320	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	453,609	0		16.00
17.00	MRI	58.00	0	490	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	2,940	0		18.00
19.00	LABORATORY	60.00	0	155,631	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	24,592	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	393,681	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	120	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	765	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	120	0		24.00
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	455	0		25.00
26.00	CLINIC	90.00	0	103,340	0		26.00
27.00	EMERGENCY	91.00	0	120	0		27.00
	0		0	1,672,268			
	K - INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	179,297	12		1.00
2.00		0.00	0	0	12		2.00
	0		0	179,297			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	L - IMPLANTIBLES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	17,048	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	575	0		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	370	0		3.00
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	24,420	0		4.00
	TOTALS		0	42,413			
500.00	Grand Total: Decreases		4,671,136	32,327,365			500.00

RECLASSIFICATIONS

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/23/2017 3:34 pm

	Increases				Decreases			
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - CAFETERIA								
1.00	CAFETERIA	11.00	0	1,884,022	DIETARY	10.00	0	1,884,022	1.00
	0		0	1,884,022	0		0	1,884,022	
	B - NURSERY								
1.00	NURSERY	43.00	947,762	225,210	ADULTS & PEDIATRICS	30.00	1,238,394	353,730	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	290,632	128,520		0.00	0	0	2.00
	0		1,238,394	353,730	0		1,238,394	353,730	
	C - PROPERTY								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	68,745	INTEREST EXPENSE	113.00	0	68,745	1.00
	0		0	68,745	0		0	68,745	
	D - CNO								
1.00	NURSING ADMINISTRATION	13.00	220,075	83,188	ADMINISTRATIVE & GENERAL	5.00	220,075	83,188	1.00
	0		220,075	83,188	0		220,075	83,188	
	E - INTEREST RECLASS								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,458,497	INTEREST EXPENSE	113.00	0	3,285,652	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,490,579		0.00	0	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	336,576		0.00	0	0	3.00
	0		0	3,285,652	0		0	3,285,652	
	F - DEPRECIATION								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,632,700	INTEREST EXPENSE	113.00	0	7,265,010	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,632,310		0.00	0	0	2.00
	0		0	7,265,010	0		0	7,265,010	
	G - SHARED SERVICES								
1.00	ADMINISTRATIVE & GENERAL	5.00	3,089,374	9,308,275	ADMINISTRATIVE & GENERAL	5.00	3,212,667	9,663,494	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	37,433	346,077	ADMINISTRATIVE & GENERAL	5.00	0	3,212,667	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	85,860	9,142		0.00	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	3,212,667	0		0.00	0	0	4.00
	0		6,425,334	9,663,494	0		3,212,667	12,876,161	
	H - BILLABLE SUPPLIES								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	135,666	CENTRAL SERVICES & SUPPLY	14.00	0	10,406	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	954	2.00
3.00		0.00	0	0	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,309	3.00
4.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	114,997	4.00
	0		0	135,666	0		0	135,666	
	I - DRUGS CHARGED TO PATIENTS								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,481,213	PHARMACY	15.00	0	4,480,966	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	247	2.00
	0		0	4,481,213	0		0	4,481,213	
	J - RENT AND LEASES								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,012,772	ADMINISTRATIVE & GENERAL	5.00	0	62,424	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	659,496	OPERATION OF PLANT	7.00	0	930	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	4,320	3.00
4.00		0.00	0	0	DIETARY	10.00	0	360	4.00
5.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	240	5.00
6.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	10	6.00
7.00		0.00	0	0	PHARMACY	15.00	0	280,248	7.00
8.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	120	8.00
9.00		0.00	0	0	SOCIAL SERVICE	17.00	0	120	9.00
10.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	53,903	10.00
11.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	9,060	11.00
12.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	11	12.00
13.00		0.00	0	0	OPERATING ROOM	50.00	0	114,806	13.00
14.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	8,533	14.00

RECLASSIFICATIONS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/23/2017 3:34 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
15.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,320	15.00
16.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	453,609	16.00
17.00		0.00	0	0	MRI	58.00	0	490	17.00
18.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	2,940	18.00
19.00		0.00	0	0	LABORATORY	60.00	0	155,631	19.00
20.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	24,592	20.00
21.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	393,681	21.00
22.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	120	22.00
23.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	765	23.00
24.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	120	24.00
25.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	455	25.00
26.00		0.00	0	0	CLINIC	90.00	0	103,340	26.00
27.00		0.00	0	0	EMERGENCY	91.00	0	120	27.00
	0		0	1,672,268	0		0	1,672,268	
	K - INSURANCE								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	177,097	ADMINISTRATIVE & GENERAL	5.00	0	179,297	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,200		0.00	0	0	2.00
	0		0	179,297	0		0	179,297	
	L - IMPLANTIBLES								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	42,413	CENTRAL SERVICES & SUPPLY	14.00	0	17,048	1.00
2.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	575	2.00
3.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	370	3.00
4.00		0.00	0	0	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	24,420	4.00
	TOTALS		0	42,413	TOTALS		0	42,413	
500.00	Grand Total: Increases		7,883,803	29,114,698	Grand Total: Decreases		4,671,136	32,327,365	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part I | Date/Time Prepared: 5/23/2017 3:34 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,440,226	0	0	0	0	1.00
2.00	Land Improvements	84,552	0	0	0	0	2.00
3.00	Buildings and Fixtures	110,291,477	1,675,225	0	1,675,225	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	22,940,434	195,747	0	195,747	0	5.00
6.00	Movable Equipment	39,077,451	1,362,947	0	1,362,947	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	177,834,140	3,233,919	0	3,233,919	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	177,834,140	3,233,919	0	3,233,919	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	5,440,226	0	1.00
2.00	Land Improvements	84,552	0	2.00
3.00	Buildings and Fixtures	111,966,702	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	23,136,181	0	5.00
6.00	Movable Equipment	40,440,398	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	181,068,059	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	181,068,059	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part II Date/Time Prepared: 5/23/2017 3:34 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	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	CAP REL COSTS-BLDG & FIXT	0	0		1.00
2.00	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: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part III Date/Time Prepared: 5/23/2017 3:34 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	140,627,661	0	140,627,661	0.776656	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	40,440,398	0	40,440,398	0.223344	0	2.00
3.00	Total (sum of lines 1-2)	181,068,059	0	181,068,059	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,730,077	1,012,772	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,584,524	659,496	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,314,601	1,672,268	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,441,132	177,097	0	0	7,361,078	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,472,832	2,200	0	0	5,719,052	2.00
3.00	Total (sum of lines 1-2)	2,913,964	179,297	0	0	13,080,130	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/23/2017 3:34 pm

	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 - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-17,365	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-17,747	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)	B	-4,007	ADMINISTRATIVE & GENERAL	5.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-49,224	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-25,113	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-337,250			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	13,155,765			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-477,287	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-3,474	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER REVENUE	B	-11,226	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	OTHER REVENUE	B	-18,525	OPERATION OF PLANT	7.00	0	33.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/23/2017 3:34 pm

	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	
33.03	OTHER REVENUE	B	-6,863	NURSING ADMINISTRATION	13.00	0	33.03
33.04	OTHER REVENUE	B	-380	CENTRAL SERVICES & SUPPLY	14.00	0	33.04
33.06	OTHER REVENUE	B	-5,515	ADULTS & PEDIATRICS	30.00	0	33.06
33.07	OTHER REVENUE	B	-2,260	NURSERY	43.00	0	33.07
33.08	OTHER REVENUE	B	-8,731	RADIOLOGY-DIAGNOSTIC	54.00	0	33.08
33.09	OTHER REVENUE	B	-3,047	LABORATORY	60.00	0	33.09
33.10	OTHER REVENUE	B	-595	ELECTROCARDIOLOGY	69.00	0	33.10
33.11	OTHER REVENUE	B	-5,975	DRUGS CHARGED TO PATIENTS	73.00	0	33.11
33.12	OTHER REVENUE	B	-8,610	CARDIAC REHABILITATION	76.97	0	33.12
33.13	OTHER REVENUE	B	-67,519	CLINIC	90.00	0	33.13
33.14	OTHER REVENUE	B	-10,288	EMERGENCY	91.00	0	33.14
33.15	PHYSICIAN COLLECTION FEES	A	-70,461	ELECTROCARDIOLOGY	69.00	0	33.15
33.16	PHYSICIAN COLLECTION FEES	A	-5,172	CLINIC	90.00	0	33.16
33.17	LOBBYING	A	-30,036	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	OUTSIDE SERVICES	A	-110,335	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	ADVERTISING	A	-29,001	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.20	LEGAL	A	-9,651	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21	PROPERTY TAXES	A	-68,745	CAP REL COSTS-BLDG & FIXT	1.00	13	33.21
33.22	STATE ASSESSMENT	A	-3,102,997	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23	SPEICAL ADMIN	A	-151,017	ADMINISTRATIVE & GENERAL	5.00	0	33.23
33.24	NON ALLOW PHYSICIAN FEES	A	-333,018	ADMINISTRATIVE & GENERAL	5.00	0	33.24
33.25	NON ALLOW PHYSICIAN FEES	A	-348,390	ADULTS & PEDIATRICS	30.00	0	33.25
33.26	NON ALLOW PHYSICIAN FEES	A	-590,600	OPERATING ROOM	50.00	0	33.26
33.27	NON ALLOW PHYSICIAN FEES	A	-79,000	RADIOLOGY-DIAGNOSTIC	54.00	0	33.27
33.28	NON ALLOW PHYSICIAN FEES	A	4,980	ELECTROCARDIOLOGY	69.00	0	33.28
33.29	NON ALLOW PHYSICIAN FEES	A	-101,844	ELECTROENCEPHALOGRAPHY	70.00	0	33.29
33.30	NON ALLOW PHYSICIAN FEES	A	-21,164	CLINIC	90.00	0	33.30
33.31	NON ALLOW PHYSICIAN FEES	A	-387,450	EMERGENCY	91.00	0	33.31
33.32	NON ALLOW PHYSICIAN FEES	A	-2,535,457	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.32
33.33	MALPRACTICE	A	-877,552	ADMINISTRATIVE & GENERAL	5.00	0	33.33
33.34	SPECIAL EVENTS	A	-2,931	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.34
33.35	SPECIAL EVENTS	A	-34,676	ADMINISTRATIVE & GENERAL	5.00	0	33.35
33.36	HOSPICE	A	-821	RESPIRATORY THERAPY	65.00	0	33.36
33.37	HOSPICE	A	-2,142	DRUGS CHARGED TO PATIENTS	73.00	0	33.37
33.38	HOSPICE	A	-30,119	ADULTS & PEDIATRICS	30.00	0	33.38
33.39	HOSPICE	A	-3,116	INTENSIVE CARE UNIT	31.00	0	33.39
33.40	INCOME TAX	A	37	INTEREST EXPENSE	113.00	0	33.40
33.41	SELF INSURANCE	A	-1,209,724	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.41
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		1,944,362				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: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-1 | Date/Time Prepared: 5/23/2017 3:34 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	AHS SHARED SERVICES	12,876,161	0	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	97,377	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	952,214	0	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	AHS HOME OFFICE	218,345	42,757	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	5,552,526	6,513,904	3.02
4.00	15.00	PHARMACY	AHS HOME OFFICE	0	13,987	4.00
4.01	31.00	INTENSIVE CARE UNIT	AHS HOME OFFICE	0	273,395	4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	38,275	0	4.02
4.03	113.00	INTEREST EXPENSE	AHS HOME OFFICE	3,285,652	3,020,742	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			23,020,550	9,864,785	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		
	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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	AHS	100.00	HOME OFFICE	0.00	6.00
7.00	B	HINSDALE HOSPIT	0.00	RELATED PARTY	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: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-1 | Date/Time Prepared: 5/23/2017 3:34 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	12,876,161	0		1.00
2.00	97,377	9		2.00
3.00	952,214	9		3.00
3.01	175,588	0		3.01
3.02	-961,378	0		3.02
4.00	-13,987	0		4.00
4.01	-273,395	0		4.01
4.02	38,275	0		4.02
4.03	264,910	0		4.03
5.00	13,155,765			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	MANAGEMENT SERVICES		6.00
7.00	FINANCIAL SERVICES		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: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/23/2017 3:34 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	99,511	99,511	0	0	0	1.00
2.00	90.00	AGGREGATE-CLINIC	81,639	81,639	0	0	0	2.00
3.00	192.00	AGGREGATE-PHYSICIANS' PRIVATE OFFICE	49,200	49,200	0	0	0	3.00
4.00	194.04	AGGREGATE-OTHER NONREIMBURSABLE COST	79,768	79,768	0	0	0	4.00
5.00	91.00	DR. A	27,132	27,132	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			337,250	337,250	0		0	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	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	1.00
2.00	90.00	AGGREGATE-CLINIC	0	0	0	0	0	2.00
3.00	192.00	AGGREGATE-PHYSICIANS' PRIVATE OFFICE	0	0	0	0	0	3.00
4.00	194.04	AGGREGATE-OTHER NONREIMBURSABLE COST	0	0	0	0	0	4.00
5.00	91.00	DR. A	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
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	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	99,511		1.00
2.00	90.00	AGGREGATE-CLINIC	0	0	0	81,639		2.00
3.00	192.00	AGGREGATE-PHYSICIANS' PRIVATE OFFICE	0	0	0	49,200		3.00
4.00	194.04	AGGREGATE-OTHER NONREIMBURSABLE COST	0	0	0	79,768		4.00
5.00	91.00	DR. A	0	0	0	27,132		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	337,250		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/23/2017 3:34 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,361,078	7,361,078				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,719,052		5,719,052			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,513,083	0	0	4,513,083		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	36,619,376	335,928	260,993	810,894	38,027,191	5.00
7.00	00700	OPERATION OF PLANT	5,049,874	462,931	359,666	155,681	6,028,152	7.00
9.00	00900	HOUSEKEEPING	2,525,198	42,402	32,944	0	2,600,544	9.00
10.00	01000	DIETARY	225,939	223,110	173,341	0	622,390	10.00
11.00	01100	CAFETERIA	1,884,022	83,197	64,639	0	2,031,858	11.00
13.00	01300	NURSING ADMINISTRATION	1,675,683	138,943	107,949	114,725	2,037,300	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	811,187	147,286	114,431	36,751	1,109,655	14.00
15.00	01500	PHARMACY	3,940,693	58,348	45,332	146,936	4,191,309	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	504,173	86,769	67,414	40,612	698,968	16.00
17.00	01700	SOCIAL SERVICE	1,061,219	18,395	14,291	92,628	1,186,533	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,939,202	1,454,999	1,130,437	753,536	11,278,174	30.00
31.00	03100	INTENSIVE CARE UNIT	2,364,581	301,639	234,353	206,639	3,107,212	31.00
40.00	04000	SUBPROVIDER - IPF	1,517,390	375,728	291,915	144,138	2,329,171	40.00
43.00	04300	NURSERY	1,194,101	91,846	71,358	101,533	1,458,838	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,346,104	929,511	722,166	375,339	7,373,120	50.00
51.00	05100	RECOVERY ROOM	675,191	90,724	70,486	64,209	900,610	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,898,171	323,427	251,280	161,818	2,634,696	52.00
53.00	05300	ANESTHESIOLOGY	349,903	15,895	12,349	5,082	383,229	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,053,662	606,620	471,302	264,205	4,395,789	54.00
56.00	05600	RADIOISOTOPE	199,285	186,346	144,778	19,233	549,642	56.00
57.00	05700	CT SCAN	765,768	33,371	25,927	53,204	878,270	57.00
58.00	05800	MRI	289,755	23,472	18,236	28,162	359,625	58.00
59.00	05900	CARDIAC CATHETERIZATION	628,334	28,702	22,299	49,876	729,211	59.00
60.00	06000	LABORATORY	3,742,875	101,210	78,633	184,086	4,106,804	60.00
65.00	06500	RESPIRATORY THERAPY	953,423	13,777	10,704	76,498	1,054,402	65.00
66.00	06600	PHYSICAL THERAPY	3,881,071	351,210	272,866	0	4,505,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	147,417	24,339	18,910	6	190,672	67.00
68.00	06800	SPEECH PATHOLOGY	35,465	2,143	1,665	0	39,273	68.00
69.00	06900	ELECTROCARDIOLOGY	624,306	14,976	11,635	59,150	710,067	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	345,968	35,208	27,354	3,281	411,811	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,820,440	0	0	0	2,820,440	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,372,348	0	0	0	5,372,348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,473,096	0	0	0	4,473,096	73.00
74.00	07400	RENAL DIALYSIS	446,516	0	0	0	446,516	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	400,147	66,333	51,537	18,253	536,270	76.01
76.97	07697	CARDIAC REHABILITATION	139,726	41,356	32,131	14,350	227,563	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,067,368	245,026	190,368	93,442	1,596,204	90.00
91.00	09100	EMERGENCY	4,454,596	373,815	290,428	383,599	5,502,438	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	127,016,786	7,328,982	5,694,117	4,457,866	126,904,538	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	136,165	20,972	16,293	9,834	183,264	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	163,261	5,154	4,004	15,686	188,105	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	86,420	0	0	0	86,420	194.02
194.03	07953	OP PHARMACY	466,755	5,970	4,638	20,331	497,694	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	125,350	0	0	9,366	134,716	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	127,994,737	7,361,078	5,719,052	4,513,083	127,994,737	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/23/2017 3:34 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	
			5.00	7.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	38,027,191					5.00
7.00	00700	OPERATION OF PLANT	2,547,961	8,576,113				7.00
9.00	00900	HOUSEKEEPING	1,099,190	55,415	3,755,149			9.00
10.00	01000	DIETARY	263,070	291,581	128,502	1,305,543		10.00
11.00	01100	CAFETERIA	858,820	108,730	47,918	0	3,047,326	11.00
13.00	01300	NURSING ADMINISTRATION	861,120	181,584	80,026	0	67,091	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	469,026	192,487	84,831	0	55,669	14.00
15.00	01500	PHARMACY	1,771,570	76,254	33,606	0	100,460	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	295,438	113,398	49,976	0	43,077	16.00
17.00	01700	SOCIAL SERVICE	501,520	24,040	10,595	0	68,277	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,767,002	1,901,530	838,020	1,015,064	735,597	30.00
31.00	03100	INTENSIVE CARE UNIT	1,313,347	394,209	173,732	135,323	151,198	31.00
40.00	04000	SUBPROVIDER - IPF	984,487	491,036	216,404	155,156	142,122	40.00
43.00	04300	NURSERY	616,617	120,033	52,900	0	83,621	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,116,448	1,214,770	535,360	0	320,438	50.00
51.00	05100	RECOVERY ROOM	380,667	118,566	52,253	0	39,277	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,113,625	422,684	186,281	0	123,552	52.00
53.00	05300	ANESTHESIOLOGY	161,982	20,772	9,155	0	6,612	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,857,999	792,787	349,388	0	231,598	54.00
56.00	05600	RADIOISOTOPE	232,321	243,534	107,328	0	11,141	56.00
57.00	05700	CT SCAN	371,225	43,612	19,220	0	38,974	57.00
58.00	05800	MRI	152,005	30,675	13,519	0	20,319	58.00
59.00	05900	CARDIAC CATHETERIZATION	308,221	37,510	16,531	0	30,711	59.00
60.00	06000	LABORATORY	1,735,852	132,270	58,293	0	174,779	60.00
65.00	06500	RESPIRATORY THERAPY	445,671	18,005	7,935	0	73,320	65.00
66.00	06600	PHYSICAL THERAPY	1,904,222	458,994	202,283	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	80,593	31,809	14,018	0	11	67.00
68.00	06800	SPEECH PATHOLOGY	16,600	2,801	1,234	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	300,129	19,572	8,626	0	47,810	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	174,063	46,013	20,278	0	3,333	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,192,135	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,270,768	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,890,675	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	188,732	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	226,669	86,691	38,205	0	14,773	76.01
76.97	07697	CARDIAC REHABILITATION	96,186	54,048	23,820	0	10,885	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	674,679	320,222	141,125	0	85,577	90.00
91.00	09100	EMERGENCY	2,325,754	488,536	215,302	0	334,321	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,566,389	8,534,168	3,736,664	1,305,543	3,014,543	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	77,461	27,408	12,079	0	9,304	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	79,508	6,735	2,968	0	12,503	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	36,528	0	0	0	0	194.02
194.03	07953	OP PHARMACY	210,364	7,802	3,438	0	10,976	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	56,941	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	38,027,191	8,576,113	3,755,149	1,305,543	3,047,326	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/23/2017 3:34 pm

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	3,227,121					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,911,668				14.00
15.00	01500	PHARMACY	0	1,706	6,174,905			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,200,857		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,790,965	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,173,832	88,190	0	70,848	1,234,684	30.00
31.00	03100	INTENSIVE CARE UNIT	241,275	33,103	0	12,068	163,662	31.00
40.00	04000	SUBPROVIDER - IPF	226,792	5,257	0	9,604	187,632	40.00
43.00	04300	NURSERY	133,438	3,728	0	8,397	204,987	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	511,341	200,614	344	122,571	0	50.00
51.00	05100	RECOVERY ROOM	62,676	4,653	0	13,440	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	197,159	25,574	0	13,382	0	52.00
53.00	05300	ANESTHESIOLOGY	10,552	21,121	181,264	30,682	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,602	0	107,365	0	54.00
56.00	05600	RADIOISOTOPE	0	512	0	12,414	0	56.00
57.00	05700	CT SCAN	0	11,338	0	119,127	0	57.00
58.00	05800	MRI	0	1,220	0	31,074	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,517	0	13,093	0	59.00
60.00	06000	LABORATORY	0	9,517	0	135,737	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	11,720	0	22,359	0	65.00
66.00	06600	PHYSICAL THERAPY	0	620	0	32,879	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,091	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,252	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,205	0	32,310	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	968	0	8,170	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	453,329	0	33,736	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	916,794	0	51,660	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,989,723	120,749	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,115	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	3,172	0	3,406	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	205	0	1,401	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	136,561	11,110	3,574	17,908	0	90.00
91.00	09100	EMERGENCY	533,495	86,893	0	171,019	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,227,121	1,911,668	6,174,905	1,200,857	1,790,965	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OP PHARMACY	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,227,121	1,911,668	6,174,905	1,200,857	1,790,965	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/23/2017 3:34 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	23,102,941	0	23,102,941		30.00
31.00	03100	INTENSIVE CARE UNIT	5,725,129	0	5,725,129		31.00
40.00	04000	SUBPROVIDER - IPF	4,747,661	0	4,747,661		40.00
43.00	04300	NURSERY	2,682,559	0	2,682,559		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	13,395,006	0	13,395,006		50.00
51.00	05100	RECOVERY ROOM	1,572,142	0	1,572,142		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,716,953	0	4,716,953		52.00
53.00	05300	ANESTHESIOLOGY	825,369	0	825,369		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,743,528	0	7,743,528		54.00
56.00	05600	RADIOISOTOPE	1,156,892	0	1,156,892		56.00
57.00	05700	CT SCAN	1,481,766	0	1,481,766		57.00
58.00	05800	MRI	608,437	0	608,437		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,145,794	0	1,145,794		59.00
60.00	06000	LABORATORY	6,353,252	0	6,353,252		60.00
65.00	06500	RESPIRATORY THERAPY	1,633,412	0	1,633,412		65.00
66.00	06600	PHYSICAL THERAPY	7,104,145	0	7,104,145		66.00
67.00	06700	OCCUPATIONAL THERAPY	319,194	0	319,194		67.00
68.00	06800	SPEECH PATHOLOGY	61,160	0	61,160		68.00
69.00	06900	ELECTROCARDIOLOGY	1,119,719	0	1,119,719		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	664,636	0	664,636		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,499,640	0	4,499,640		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,611,570	0	8,611,570		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,474,243	0	12,474,243		73.00
74.00	07400	RENAL DIALYSIS	637,363	0	637,363		74.00
76.00	03020	ANCILLARY	0	0	0		76.00
76.01	03950	WOUND CARE	909,186	0	909,186		76.01
76.97	07697	CARDIAC REHABILITATION	414,108	0	414,108		76.97
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2,986,960	0	2,986,960		90.00
91.00	09100	EMERGENCY	9,657,758	0	9,657,758		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	126,350,523	0	126,350,523		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	309,516	0	309,516		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00	07950	FOUNDATION	289,819	0	289,819		194.00
194.01	07951	MARKETING	0	0	0		194.01
194.02	07952	PROF OFFICE BUILDINGS	122,948	0	122,948		194.02
194.03	07953	OP PHARMACY	730,274	0	730,274		194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	191,657	0	191,657		194.04
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	127,994,737	0	127,994,737		202.00

COST ALLOCATION STATISTICS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet Non-CMS W | Date/Time Prepared: 5/23/2017 3:34 pm

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	2	MEALS SERVED	10.00
11.00	CAFETERIA	3	TOTAL HOURS	11.00
13.00	NURSING ADMINISTRATION	4	TOTAL HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	5	COSTED REQUIS.	14.00
15.00	PHARMACY	6	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHAR GES	16.00
17.00	SOCIAL SERVICE	7	PATIENT DA YS	17.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/23/2017 3:34 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	335,928	260,993	596,921	0	5.00
7.00	00700	OPERATION OF PLANT	0	462,931	359,666	822,597	0	7.00
9.00	00900	HOUSEKEEPING	0	42,402	32,944	75,346	0	9.00
10.00	01000	DIETARY	0	223,110	173,341	396,451	0	10.00
11.00	01100	CAFETERIA	0	83,197	64,639	147,836	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	138,943	107,949	246,892	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	147,286	114,431	261,717	0	14.00
15.00	01500	PHARMACY	0	58,348	45,332	103,680	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	86,769	67,414	154,183	0	16.00
17.00	01700	SOCIAL SERVICE	0	18,395	14,291	32,686	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,454,999	1,130,437	2,585,436	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	301,639	234,353	535,992	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	375,728	291,915	667,643	0	40.00
43.00	04300	NURSERY	0	91,846	71,358	163,204	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	929,511	722,166	1,651,677	0	50.00
51.00	05100	RECOVERY ROOM	0	90,724	70,486	161,210	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	323,427	251,280	574,707	0	52.00
53.00	05300	ANESTHESIOLOGY	0	15,895	12,349	28,244	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	606,620	471,302	1,077,922	0	54.00
56.00	05600	RADIOISOTOPE	0	186,346	144,778	331,124	0	56.00
57.00	05700	CT SCAN	0	33,371	25,927	59,298	0	57.00
58.00	05800	MRI	0	23,472	18,236	41,708	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	28,702	22,299	51,001	0	59.00
60.00	06000	LABORATORY	0	101,210	78,633	179,843	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	13,777	10,704	24,481	0	65.00
66.00	06600	PHYSICAL THERAPY	0	351,210	272,866	624,076	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,339	18,910	43,249	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,143	1,665	3,808	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,976	11,635	26,611	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	35,208	27,354	62,562	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	66,333	51,537	117,870	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	41,356	32,131	73,487	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	245,026	190,368	435,394	0	90.00
91.00	09100	EMERGENCY	0	373,815	290,428	664,243	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,328,982	5,694,117	13,023,099	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,972	16,293	37,265	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	5,154	4,004	9,158	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OP PHARMACY	0	5,970	4,638	10,608	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	7,361,078	5,719,052	13,080,130	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/23/2017 3:34 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	
			5.00	7.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	596,921					5.00
7.00	00700	OPERATION OF PLANT	39,997	862,594				7.00
9.00	00900	HOUSEKEEPING	17,255	5,574	98,175			9.00
10.00	01000	DIETARY	4,130	29,327	3,360	433,268		10.00
11.00	01100	CAFETERIA	13,481	10,936	1,253	0	173,506	11.00
13.00	01300	NURSING ADMINISTRATION	13,517	18,264	2,092	0	3,820	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,363	19,361	2,218	0	3,170	14.00
15.00	01500	PHARMACY	27,809	7,670	879	0	5,720	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,638	11,406	1,307	0	2,453	16.00
17.00	01700	SOCIAL SERVICE	7,873	2,418	277	0	3,888	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	74,815	191,257	21,909	336,868	41,880	30.00
31.00	03100	INTENSIVE CARE UNIT	20,616	39,650	4,542	44,909	8,609	31.00
40.00	04000	SUBPROVIDER - IPF	15,454	49,389	5,658	51,491	8,092	40.00
43.00	04300	NURSERY	9,679	12,073	1,383	0	4,761	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	48,921	122,183	13,997	0	18,245	50.00
51.00	05100	RECOVERY ROOM	5,976	11,926	1,366	0	2,236	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,481	42,514	4,870	0	7,035	52.00
53.00	05300	ANESTHESIOLOGY	2,543	2,089	239	0	376	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,166	79,739	9,134	0	13,187	54.00
56.00	05600	RADIOISOTOPE	3,647	24,495	2,806	0	634	56.00
57.00	05700	CT SCAN	5,827	4,387	502	0	2,219	57.00
58.00	05800	MRI	2,386	3,085	353	0	1,157	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,838	3,773	432	0	1,749	59.00
60.00	06000	LABORATORY	27,249	13,304	1,524	0	9,951	60.00
65.00	06500	RESPIRATORY THERAPY	6,996	1,811	207	0	4,175	65.00
66.00	06600	PHYSICAL THERAPY	29,892	46,166	5,288	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,265	3,199	366	0	1	67.00
68.00	06800	SPEECH PATHOLOGY	261	282	32	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,711	1,969	226	0	2,722	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,732	4,628	530	0	190	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,714	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,646	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,679	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,963	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	3,558	8,719	999	0	841	76.01
76.97	07697	CARDIAC REHABILITATION	1,510	5,436	623	0	620	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,591	32,208	3,690	0	4,873	90.00
91.00	09100	EMERGENCY	36,509	49,137	5,629	0	19,035	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	589,688	858,375	97,691	433,268	171,639	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,216	2,757	316	0	530	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	1,248	677	78	0	712	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	573	0	0	0	0	194.02
194.03	07953	OP PHARMACY	3,302	785	90	0	625	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	894	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	596,921	862,594	98,175	433,268	173,506	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/23/2017 3:34 pm

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	284,585					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	293,829				14.00
15.00	01500	PHARMACY	0	262	146,020			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	173,987		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	47,142	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	103,513	13,555	0	10,252	32,499	30.00
31.00	03100	INTENSIVE CARE UNIT	21,277	5,088	0	1,746	4,308	31.00
40.00	04000	SUBPROVIDER - IPF	20,000	808	0	1,390	4,939	40.00
43.00	04300	NURSERY	11,767	573	0	1,215	5,396	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,093	30,835	8	17,737	0	50.00
51.00	05100	RECOVERY ROOM	5,527	715	0	1,945	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,387	3,931	0	1,936	0	52.00
53.00	05300	ANESTHESIOLOGY	931	3,246	4,286	4,440	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,322	0	15,536	0	54.00
56.00	05600	RADIOISOTOPE	0	79	0	1,796	0	56.00
57.00	05700	CT SCAN	0	1,743	0	17,238	0	57.00
58.00	05800	MRI	0	188	0	4,496	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,617	0	1,895	0	59.00
60.00	06000	LABORATORY	0	1,463	0	19,642	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,801	0	3,235	0	65.00
66.00	06600	PHYSICAL THERAPY	0	95	0	4,758	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	303	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	181	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	185	0	4,675	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	149	0	1,182	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	69,679	0	4,882	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	140,912	0	7,475	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	141,641	17,473	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	306	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	488	0	493	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	31	0	203	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	12,043	1,708	85	2,591	0	90.00
91.00	09100	EMERGENCY	47,047	13,356	0	24,966	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	284,585	293,829	146,020	173,987	47,142	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OP PHARMACY	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	284,585	293,829	146,020	173,987	47,142	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/23/2017 3:34 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	3,411,984	0	3,411,984		30.00
31.00	03100	INTENSIVE CARE UNIT	686,737	0	686,737		31.00
40.00	04000	SUBPROVIDER - IPF	824,864	0	824,864		40.00
43.00	04300	NURSERY	210,051	0	210,051		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,948,696	0	1,948,696		50.00
51.00	05100	RECOVERY ROOM	190,901	0	190,901		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	669,861	0	669,861		52.00
53.00	05300	ANESTHESIOLOGY	46,394	0	46,394		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,226,006	0	1,226,006		54.00
56.00	05600	RADIOISOTOPE	364,581	0	364,581		56.00
57.00	05700	CT SCAN	91,214	0	91,214		57.00
58.00	05800	MRI	53,373	0	53,373		58.00
59.00	05900	CARDIAC CATHETERIZATION	65,305	0	65,305		59.00
60.00	06000	LABORATORY	252,976	0	252,976		60.00
65.00	06500	RESPIRATORY THERAPY	42,706	0	42,706		65.00
66.00	06600	PHYSICAL THERAPY	710,275	0	710,275		66.00
67.00	06700	OCCUPATIONAL THERAPY	48,383	0	48,383		67.00
68.00	06800	SPEECH PATHOLOGY	4,564	0	4,564		68.00
69.00	06900	ELECTROCARDIOLOGY	41,099	0	41,099		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	71,973	0	71,973		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	93,275	0	93,275		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	184,033	0	184,033		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	188,793	0	188,793		73.00
74.00	07400	RENAL DIALYSIS	3,269	0	3,269		74.00
76.00	03020	ANCILLARY	0	0	0		76.00
76.01	03950	WOUND CARE	132,968	0	132,968		76.01
76.97	07697	CARDIAC REHABILITATION	81,910	0	81,910		76.97
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	503,183	0	503,183		90.00
91.00	09100	EMERGENCY	859,922	0	859,922		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,009,296	0	13,009,296		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,084	0	42,084		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00	07950	FOUNDATION	11,873	0	11,873		194.00
194.01	07951	MARKETING	0	0	0		194.01
194.02	07952	PROF OFFICE BUILDINGS	573	0	573		194.02
194.03	07953	OP PHARMACY	15,410	0	15,410		194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	894	0	894		194.04
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	13,080,130	0	13,080,130		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:34 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	288,524					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		288,524				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	42,127,443			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,167	13,167	7,569,213	-38,027,191	89,967,546	5.00
7.00	00700	OPERATION OF PLANT	18,145	18,145	1,453,209	0	6,028,152	7.00
9.00	00900	HOUSEKEEPING	1,662	1,662	0	0	2,600,544	9.00
10.00	01000	DIETARY	8,745	8,745	0	0	622,390	10.00
11.00	01100	CAFETERIA	3,261	3,261	0	0	2,031,858	11.00
13.00	01300	NURSING ADMINISTRATION	5,446	5,446	1,070,902	0	2,037,300	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,773	5,773	343,050	0	1,109,655	14.00
15.00	01500	PHARMACY	2,287	2,287	1,371,583	0	4,191,309	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,401	3,401	379,092	0	698,968	16.00
17.00	01700	SOCIAL SERVICE	721	721	864,638	0	1,186,533	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	57,030	57,030	7,033,911	0	11,278,174	30.00
31.00	03100	INTENSIVE CARE UNIT	11,823	11,823	1,928,877	0	3,107,212	31.00
40.00	04000	SUBPROVIDER - IPF	14,727	14,727	1,345,461	0	2,329,171	40.00
43.00	04300	NURSERY	3,600	3,600	947,762	0	1,458,838	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,433	36,433	3,503,620	0	7,373,120	50.00
51.00	05100	RECOVERY ROOM	3,556	3,556	599,362	0	900,610	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,677	12,677	1,510,498	0	2,634,696	52.00
53.00	05300	ANESTHESIOLOGY	623	623	47,439	0	383,229	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,777	23,777	2,466,231	0	4,395,789	54.00
56.00	05600	RADIOISOTOPE	7,304	7,304	179,535	0	549,642	56.00
57.00	05700	CT SCAN	1,308	1,308	496,638	0	878,270	57.00
58.00	05800	MRI	920	920	262,877	0	359,625	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,125	1,125	465,568	0	729,211	59.00
60.00	06000	LABORATORY	3,967	3,967	1,718,362	0	4,106,804	60.00
65.00	06500	RESPIRATORY THERAPY	540	540	714,072	0	1,054,402	65.00
66.00	06600	PHYSICAL THERAPY	13,766	13,766	0	0	4,505,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	954	954	60	0	190,672	67.00
68.00	06800	SPEECH PATHOLOGY	84	84	0	0	39,273	68.00
69.00	06900	ELECTROCARDIOLOGY	587	587	552,139	0	710,067	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,380	1,380	30,624	0	411,811	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,820,440	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,372,348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,473,096	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	446,516	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	2,600	2,600	170,380	0	536,270	76.01
76.97	07697	CARDIAC REHABILITATION	1,621	1,621	133,955	0	227,563	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,604	9,604	872,239	0	1,596,204	90.00
91.00	09100	EMERGENCY	14,652	14,652	3,580,716	0	5,502,438	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	287,266	287,266	41,612,013	-38,027,191	88,877,347	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	822	822	91,800	0	183,264	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	202	202	146,425	0	188,105	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	86,420	194.02
194.03	07953	OP PHARMACY	234	234	189,780	0	497,694	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	87,425	0	134,716	194.04
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)	7,361,078	5,719,052	4,513,083		38,027,191	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.512879	19.821755	0.107129		0.422677	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		596,921	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.006635	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:34 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOURS)	NURSING ADMINISTRATION (TOTAL HOURS)	
			7.00	9.00	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	257,212					7.00
9.00	00900	HOUSEKEEPING	1,662	255,550				9.00
10.00	01000	DIETARY	8,745	8,745	79,390			10.00
11.00	01100	CAFETERIA	3,261	3,261	0	865,941		11.00
13.00	01300	NURSING ADMINISTRATION	5,446	5,446	0	19,065	574,669	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,773	5,773	0	15,819	0	14.00
15.00	01500	PHARMACY	2,287	2,287	0	28,547	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,401	3,401	0	12,241	0	16.00
17.00	01700	SOCIAL SERVICE	721	721	0	19,402	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	57,030	57,030	61,726	209,030	209,030	30.00
31.00	03100	INTENSIVE CARE UNIT	11,823	11,823	8,229	42,965	42,965	31.00
40.00	04000	SUBPROVIDER - IPF	14,727	14,727	9,435	40,386	40,386	40.00
43.00	04300	NURSERY	3,600	3,600	0	23,762	23,762	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,433	36,433	0	91,057	91,057	50.00
51.00	05100	RECOVERY ROOM	3,556	3,556	0	11,161	11,161	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,677	12,677	0	35,109	35,109	52.00
53.00	05300	ANESTHESIOLOGY	623	623	0	1,879	1,879	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,777	23,777	0	65,812	0	54.00
56.00	05600	RADIOISOTOPE	7,304	7,304	0	3,166	0	56.00
57.00	05700	CT SCAN	1,308	1,308	0	11,075	0	57.00
58.00	05800	MRI	920	920	0	5,774	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,125	1,125	0	8,727	0	59.00
60.00	06000	LABORATORY	3,967	3,967	0	49,666	0	60.00
65.00	06500	RESPIRATORY THERAPY	540	540	0	20,835	0	65.00
66.00	06600	PHYSICAL THERAPY	13,766	13,766	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	954	954	0	3	0	67.00
68.00	06800	SPEECH PATHOLOGY	84	84	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	587	587	0	13,586	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,380	1,380	0	947	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	2,600	2,600	0	4,198	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,621	1,621	0	3,093	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,604	9,604	0	24,318	24,318	90.00
91.00	09100	EMERGENCY	14,652	14,652	0	95,002	95,002	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	255,954	254,292	79,390	856,625	574,669	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	822	822	0	2,644	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	202	202	0	3,553	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OP PHARMACY	234	234	0	3,119	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
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)	8,576,113	3,755,149	1,305,543	3,047,326	3,227,121	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	33.342585	14.694381	16.444678	3.519092	5.615617	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	862,594	98,175	433,268	173,506	284,585	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.353630	0.384171	5.457463	0.200367	0.495216	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/23/2017 3:34 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)		
			14.00	15.00	16.00	17.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,272,596					14.00
15.00	01500	PHARMACY	10,057	4,436,497				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	500,702,657			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	25,180		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	520,034	0	29,544,494	17,359		30.00
31.00	03100	INTENSIVE CARE UNIT	195,200	0	5,032,612	2,301		31.00
40.00	04000	SUBPROVIDER - IPF	30,997	0	4,004,810	2,638		40.00
43.00	04300	NURSERY	21,982	0	3,501,570	2,882		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,182,969	247	51,113,950	0		50.00
51.00	05100	RECOVERY ROOM	27,440	0	5,604,600	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	150,802	0	5,580,640	0		52.00
53.00	05300	ANESTHESIOLOGY	124,543	130,233	12,794,777	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,726	0	44,772,686	0		54.00
56.00	05600	RADIOISOTOPE	3,020	0	5,176,700	0		56.00
57.00	05700	CT SCAN	66,860	0	49,677,856	0		57.00
58.00	05800	MRI	7,196	0	12,958,200	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	62,016	0	5,460,100	0		59.00
60.00	06000	LABORATORY	56,121	0	56,604,314	0		60.00
65.00	06500	RESPIRATORY THERAPY	69,109	0	9,324,109	0		65.00
66.00	06600	PHYSICAL THERAPY	3,657	0	13,711,139	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	871,803	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	522,273	0		68.00
69.00	06900	ELECTROCARDIOLOGY	7,104	0	13,473,840	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,706	0	3,407,020	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,673,167	0	14,068,315	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,406,077	0	21,542,906	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,303,449	50,354,096	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	881,900	0		74.00
76.00	03020	ANCILLARY	0	0	0	0		76.00
76.01	03950	WOUND CARE	18,707	0	1,420,440	0		76.01
76.97	07697	CARDIAC REHABILITATION	1,206	0	584,255	0		76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	65,513	2,568	7,467,830	0		90.00
91.00	09100	EMERGENCY	512,387	0	71,245,422	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,272,596	4,436,497	500,702,657	25,180		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	FOUNDATION	0	0	0	0		194.00
194.01	07951	MARKETING	0	0	0	0		194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0		194.02
194.03	07953	OP PHARMACY	0	0	0	0		194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.04
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)	1,911,668	6,174,905	1,200,857	1,790,965		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.169585	1.391842	0.002398	71.126489		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	293,829	146,020	173,987	47,142		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.026066	0.032913	0.000347	1.872200		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,102,941		23,102,941	0	23,102,941	30.00
31.00	03100	INTENSIVE CARE UNIT	5,725,129		5,725,129	0	5,725,129	31.00
40.00	04000	SUBPROVIDER - IPF	4,747,661		4,747,661	0	4,747,661	40.00
43.00	04300	NURSERY	2,682,559		2,682,559	0	2,682,559	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,395,006		13,395,006	0	13,395,006	50.00
51.00	05100	RECOVERY ROOM	1,572,142		1,572,142	0	1,572,142	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,716,953		4,716,953	0	4,716,953	52.00
53.00	05300	ANESTHESIOLOGY	825,369		825,369	0	825,369	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,743,528		7,743,528	0	7,743,528	54.00
56.00	05600	RADIOISOTOPE	1,156,892		1,156,892	0	1,156,892	56.00
57.00	05700	CT SCAN	1,481,766		1,481,766	0	1,481,766	57.00
58.00	05800	MRI	608,437		608,437	0	608,437	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,145,794		1,145,794	0	1,145,794	59.00
60.00	06000	LABORATORY	6,353,252		6,353,252	0	6,353,252	60.00
65.00	06500	RESPIRATORY THERAPY	1,633,412	0	1,633,412	0	1,633,412	65.00
66.00	06600	PHYSICAL THERAPY	7,104,145	0	7,104,145	0	7,104,145	66.00
67.00	06700	OCCUPATIONAL THERAPY	319,194	0	319,194	0	319,194	67.00
68.00	06800	SPEECH PATHOLOGY	61,160	0	61,160	0	61,160	68.00
69.00	06900	ELECTROCARDIOLOGY	1,119,719		1,119,719	0	1,119,719	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	664,636		664,636	0	664,636	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,499,640		4,499,640	0	4,499,640	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,611,570		8,611,570	0	8,611,570	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,474,243		12,474,243	0	12,474,243	73.00
74.00	07400	RENAL DIALYSIS	637,363		637,363	0	637,363	74.00
76.00	03020	ANCILLARY	0		0	0	0	76.00
76.01	03950	WOUND CARE	909,186		909,186	0	909,186	76.01
76.97	07697	CARDIAC REHABILITATION	414,108		414,108	0	414,108	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,986,960		2,986,960	0	2,986,960	90.00
91.00	09100	EMERGENCY	9,657,758		9,657,758	0	9,657,758	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,984,684		3,984,684		3,984,684	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	130,335,207	0	130,335,207	0	130,335,207	200.00
201.00		Less Observation Beds	3,984,684		3,984,684		3,984,684	201.00
202.00		Total (see instructions)	126,350,523	0	126,350,523	0	126,350,523	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/23/2017 3:34 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,659,566		21,659,566			30.00
31.00	03100	INTENSIVE CARE UNIT	5,032,612		5,032,612			31.00
40.00	04000	SUBPROVIDER - IPF	4,004,810		4,004,810			40.00
43.00	04300	NURSERY	3,501,570		3,501,570			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,023,115	40,090,835	51,113,950	0.262062	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,642,885	3,961,715	5,604,600	0.280509	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,793,290	787,350	5,580,640	0.845235	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,392,155	8,402,622	12,794,777	0.064508	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,562,425	37,210,261	44,772,686	0.172952	0.000000	54.00
56.00	05600	RADIOISOTOPE	1,089,500	4,087,200	5,176,700	0.223481	0.000000	56.00
57.00	05700	CT SCAN	11,783,175	37,894,681	49,677,856	0.029827	0.000000	57.00
58.00	05800	MRI	2,716,850	10,241,350	12,958,200	0.046954	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,547,100	1,913,000	5,460,100	0.209849	0.000000	59.00
60.00	06000	LABORATORY	25,069,022	31,535,292	56,604,314	0.112240	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	8,018,408	1,305,701	9,324,109	0.175182	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,611,784	12,099,355	13,711,139	0.518129	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	775,882	95,921	871,803	0.366131	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	432,367	89,906	522,273	0.117104	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,883,866	8,589,974	13,473,840	0.083103	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	168,760	3,238,260	3,407,020	0.195078	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,721,966	9,346,349	14,068,315	0.319842	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,426,523	15,116,383	21,542,906	0.399740	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,862,066	28,492,030	50,354,096	0.247730	0.000000	73.00
74.00	07400	RENAL DIALYSIS	881,900	0	881,900	0.722716	0.000000	74.00
76.00	03020	ANCILLARY	0	0	0	0.000000	0.000000	76.00
76.01	03950	WOUND CARE	11,355	1,409,085	1,420,440	0.640073	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	10,975	573,280	584,255	0.708780	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	103,380	7,364,450	7,467,830	0.399977	0.000000	90.00
91.00	09100	EMERGENCY	13,774,887	57,470,535	71,245,422	0.135556	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,039,140	6,845,788	7,884,928	0.505355	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	172,541,334	328,161,323	500,702,657			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	172,541,334	328,161,323	500,702,657			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.262062	50.00
51.00	05100	RECOVERY ROOM	0.280509	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.845235	52.00
53.00	05300	ANESTHESIOLOGY	0.064508	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172952	54.00
56.00	05600	RADIOISOTOPE	0.223481	56.00
57.00	05700	CT SCAN	0.029827	57.00
58.00	05800	MRI	0.046954	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.209849	59.00
60.00	06000	LABORATORY	0.112240	60.00
65.00	06500	RESPIRATORY THERAPY	0.175182	65.00
66.00	06600	PHYSICAL THERAPY	0.518129	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.366131	67.00
68.00	06800	SPEECH PATHOLOGY	0.117104	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083103	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195078	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.319842	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.399740	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247730	73.00
74.00	07400	RENAL DIALYSIS	0.722716	74.00
76.00	03020	ANCILLARY	0.000000	76.00
76.01	03950	WOUND CARE	0.640073	76.01
76.97	07697	CARDIAC REHABILITATION	0.708780	76.97
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.399977	90.00
91.00	09100	EMERGENCY	0.135556	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.505355	92.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I | Date/Time Prepared: 5/23/2017 3:34 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,102,941		23,102,941	0	23,102,941	30.00
31.00	03100	INTENSIVE CARE UNIT	5,725,129		5,725,129	0	5,725,129	31.00
40.00	04000	SUBPROVIDER - IPF	4,747,661		4,747,661	0	4,747,661	40.00
43.00	04300	NURSERY	2,682,559		2,682,559	0	2,682,559	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,395,006		13,395,006	0	13,395,006	50.00
51.00	05100	RECOVERY ROOM	1,572,142		1,572,142	0	1,572,142	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,716,953		4,716,953	0	4,716,953	52.00
53.00	05300	ANESTHESIOLOGY	825,369		825,369	0	825,369	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,743,528		7,743,528	0	7,743,528	54.00
56.00	05600	RADIOISOTOPE	1,156,892		1,156,892	0	1,156,892	56.00
57.00	05700	CT SCAN	1,481,766		1,481,766	0	1,481,766	57.00
58.00	05800	MRI	608,437		608,437	0	608,437	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,145,794		1,145,794	0	1,145,794	59.00
60.00	06000	LABORATORY	6,353,252		6,353,252	0	6,353,252	60.00
65.00	06500	RESPIRATORY THERAPY	1,633,412	0	1,633,412	0	1,633,412	65.00
66.00	06600	PHYSICAL THERAPY	7,104,145	0	7,104,145	0	7,104,145	66.00
67.00	06700	OCCUPATIONAL THERAPY	319,194	0	319,194	0	319,194	67.00
68.00	06800	SPEECH PATHOLOGY	61,160	0	61,160	0	61,160	68.00
69.00	06900	ELECTROCARDIOLOGY	1,119,719		1,119,719	0	1,119,719	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	664,636		664,636	0	664,636	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,499,640		4,499,640	0	4,499,640	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,611,570		8,611,570	0	8,611,570	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,474,243		12,474,243	0	12,474,243	73.00
74.00	07400	RENAL DIALYSIS	637,363		637,363	0	637,363	74.00
76.00	03020	ANCILLARY	0		0	0	0	76.00
76.01	03950	WOUND CARE	909,186		909,186	0	909,186	76.01
76.97	07697	CARDIAC REHABILITATION	414,108		414,108	0	414,108	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,986,960		2,986,960	0	2,986,960	90.00
91.00	09100	EMERGENCY	9,657,758		9,657,758	0	9,657,758	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,984,684		3,984,684		3,984,684	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	130,335,207	0	130,335,207	0	130,335,207	200.00
201.00		Less Observation Beds	3,984,684		3,984,684		3,984,684	201.00
202.00		Total (see instructions)	126,350,523	0	126,350,523	0	126,350,523	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I | Date/Time Prepared: 5/23/2017 3:34 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,659,566		21,659,566			30.00
31.00	03100	INTENSIVE CARE UNIT	5,032,612		5,032,612			31.00
40.00	04000	SUBPROVIDER - IPF	4,004,810		4,004,810			40.00
43.00	04300	NURSERY	3,501,570		3,501,570			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,023,115	40,090,835	51,113,950	0.262062	0.262062	50.00
51.00	05100	RECOVERY ROOM	1,642,885	3,961,715	5,604,600	0.280509	0.280509	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,793,290	787,350	5,580,640	0.845235	0.845235	52.00
53.00	05300	ANESTHESIOLOGY	4,392,155	8,402,622	12,794,777	0.064508	0.064508	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,562,425	37,210,261	44,772,686	0.172952	0.172952	54.00
56.00	05600	RADIOISOTOPE	1,089,500	4,087,200	5,176,700	0.223481	0.223481	56.00
57.00	05700	CT SCAN	11,783,175	37,894,681	49,677,856	0.029827	0.029827	57.00
58.00	05800	MRI	2,716,850	10,241,350	12,958,200	0.046954	0.046954	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,547,100	1,913,000	5,460,100	0.209849	0.209849	59.00
60.00	06000	LABORATORY	25,069,022	31,535,292	56,604,314	0.112240	0.112240	60.00
65.00	06500	RESPIRATORY THERAPY	8,018,408	1,305,701	9,324,109	0.175182	0.175182	65.00
66.00	06600	PHYSICAL THERAPY	1,611,784	12,099,355	13,711,139	0.518129	0.518129	66.00
67.00	06700	OCCUPATIONAL THERAPY	775,882	95,921	871,803	0.366131	0.366131	67.00
68.00	06800	SPEECH PATHOLOGY	432,367	89,906	522,273	0.117104	0.117104	68.00
69.00	06900	ELECTROCARDIOLOGY	4,883,866	8,589,974	13,473,840	0.083103	0.083103	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	168,760	3,238,260	3,407,020	0.195078	0.195078	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,721,966	9,346,349	14,068,315	0.319842	0.319842	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,426,523	15,116,383	21,542,906	0.399740	0.399740	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,862,066	28,492,030	50,354,096	0.247730	0.247730	73.00
74.00	07400	RENAL DIALYSIS	881,900	0	881,900	0.722716	0.722716	74.00
76.00	03020	ANCILLARY	0	0	0	0.000000	0.000000	76.00
76.01	03950	WOUND CARE	11,355	1,409,085	1,420,440	0.640073	0.640073	76.01
76.97	07697	CARDIAC REHABILITATION	10,975	573,280	584,255	0.708780	0.708780	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	103,380	7,364,450	7,467,830	0.399977	0.399977	90.00
91.00	09100	EMERGENCY	13,774,887	57,470,535	71,245,422	0.135556	0.135556	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,039,140	6,845,788	7,884,928	0.505355	0.505355	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	172,541,334	328,161,323	500,702,657			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	172,541,334	328,161,323	500,702,657			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I | Date/Time Prepared: 5/23/2017 3:34 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	ANCILLARY	0.000000		76.00
76.01	03950	WOUND CARE	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part I | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,411,984	0	3,411,984	20,977	162.65	30.00
31.00	INTENSIVE CARE UNIT	686,737		686,737	2,301	298.45	31.00
40.00	SUBPROVIDER - IPF	824,864	0	824,864	2,638	312.69	40.00
43.00	NURSERY	210,051		210,051	2,882	72.88	43.00
200.00	Total (lines 30-199)	5,133,636		5,133,636	28,798		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	6,123	995,906	30.00
31.00	INTENSIVE CARE UNIT	931	277,857	31.00
40.00	SUBPROVIDER - IPF	2,379	743,890	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	9,433	2,017,653	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,948,696	51,113,950	0.038125	3,610,723	137,659	50.00
51.00	05100	RECOVERY ROOM	190,901	5,604,600	0.034061	420,012	14,306	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	669,861	5,580,640	0.120033	6,652	798	52.00
53.00	05300	ANESTHESIOLOGY	46,394	12,794,777	0.003626	1,148,306	4,164	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,226,006	44,772,686	0.027383	3,122,715	85,509	54.00
56.00	05600	RADIOISOTOPE	364,581	5,176,700	0.070427	508,583	35,818	56.00
57.00	05700	CT SCAN	91,214	49,677,856	0.001836	4,430,745	8,135	57.00
58.00	05800	MRI	53,373	12,958,200	0.004119	1,011,497	4,166	58.00
59.00	05900	CARDIAC CATHETERIZATION	65,305	5,460,100	0.011960	1,014,779	12,137	59.00
60.00	06000	LABORATORY	252,976	56,604,314	0.004469	9,439,108	42,183	60.00
65.00	06500	RESPIRATORY THERAPY	42,706	9,324,109	0.004580	3,881,665	17,778	65.00
66.00	06600	PHYSICAL THERAPY	710,275	13,711,139	0.051803	792,511	41,054	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,383	871,803	0.055498	376,153	20,876	67.00
68.00	06800	SPEECH PATHOLOGY	4,564	522,273	0.008739	214,729	1,877	68.00
69.00	06900	ELECTROCARDIOLOGY	41,099	13,473,840	0.003050	2,132,702	6,505	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	71,973	3,407,020	0.021125	77,811	1,644	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	93,275	14,068,315	0.006630	1,585,226	10,510	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	184,033	21,542,906	0.008543	2,293,215	19,591	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	188,793	50,354,096	0.003749	7,872,250	29,513	73.00
74.00	07400	RENAL DIALYSIS	3,269	881,900	0.003707	562,379	2,085	74.00
76.00	03020	ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950	WOUND CARE	132,968	1,420,440	0.093610	4,251	398	76.01
76.97	07697	CARDIAC REHABILITATION	81,910	584,255	0.140196	2,919	409	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	503,183	7,467,830	0.067380	9,939	670	90.00
91.00	09100	EMERGENCY	859,922	71,245,422	0.012070	5,096,965	61,520	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	588,482	7,884,928	0.074634	643,410	48,020	92.00
200.00		Total (lines 50-199)	8,464,142	466,504,099		50,259,245	607,325	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part III Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	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)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,977	0.00	6,123	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,301	0.00	931	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	2,638	0.00	2,379	0	0	40.00
43.00	04300	NURSERY	2,882	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	28,798		9,433	0	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	0	43.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	51,113,950	0.000000	0.000000	3,610,723	50.00
51.00	05100	RECOVERY ROOM	0	5,604,600	0.000000	0.000000	420,012	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,580,640	0.000000	0.000000	6,652	52.00
53.00	05300	ANESTHESIOLOGY	0	12,794,777	0.000000	0.000000	1,148,306	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,772,686	0.000000	0.000000	3,122,715	54.00
56.00	05600	RADIOISOTOPE	0	5,176,700	0.000000	0.000000	508,583	56.00
57.00	05700	CT SCAN	0	49,677,856	0.000000	0.000000	4,430,745	57.00
58.00	05800	MRI	0	12,958,200	0.000000	0.000000	1,011,497	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,460,100	0.000000	0.000000	1,014,779	59.00
60.00	06000	LABORATORY	0	56,604,314	0.000000	0.000000	9,439,108	60.00
65.00	06500	RESPIRATORY THERAPY	0	9,324,109	0.000000	0.000000	3,881,665	65.00
66.00	06600	PHYSICAL THERAPY	0	13,711,139	0.000000	0.000000	792,511	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	871,803	0.000000	0.000000	376,153	67.00
68.00	06800	SPEECH PATHOLOGY	0	522,273	0.000000	0.000000	214,729	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,473,840	0.000000	0.000000	2,132,702	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,407,020	0.000000	0.000000	77,811	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,068,315	0.000000	0.000000	1,585,226	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,542,906	0.000000	0.000000	2,293,215	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	50,354,096	0.000000	0.000000	7,872,250	73.00
74.00	07400	RENAL DIALYSIS	0	881,900	0.000000	0.000000	562,379	74.00
76.00	03020	ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03950	WOUND CARE	0	1,420,440	0.000000	0.000000	4,251	76.01
76.97	07697	CARDIAC REHABILITATION	0	584,255	0.000000	0.000000	2,919	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	7,467,830	0.000000	0.000000	9,939	90.00
91.00	09100	EMERGENCY	0	71,245,422	0.000000	0.000000	5,096,965	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,884,928	0.000000	0.000000	643,410	92.00
200.00		Total (lines 50-199)	0	466,504,099			50,259,245	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	7,662,093	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	454,614	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,224	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,062,000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,589,825	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	1,167,526	0	0	0	56.00
57.00	05700	CT SCAN	0	5,863,969	0	0	0	57.00
58.00	05800	MRI	0	1,837,218	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	704,441	0	0	0	59.00
60.00	06000	LABORATORY	0	3,681,381	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	268,657	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	68,652	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,473	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,155	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,615,559	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	527,462	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,916,452	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,354,550	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,093,306	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	443,834	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	226,070	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	859,199	0	0	0	90.00
91.00	09100	EMERGENCY	0	4,840,805	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,361,533	0	0	0	92.00
200.00		Total (lines 50-199)	0	51,627,998	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
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
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	ANCILLARY	0	0		76.00
76.01	03950	WOUND CARE	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.262062	7,662,093	0	0	2,007,943	50.00
51.00	05100	RECOVERY ROOM	0.280509	454,614	0	0	127,523	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.845235	1,224	0	0	1,035	52.00
53.00	05300	ANESTHESIOLOGY	0.064508	1,062,000	0	0	68,507	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172952	4,589,825	0	0	793,819	54.00
56.00	05600	RADIOISOTOPE	0.223481	1,167,526	0	0	260,920	56.00
57.00	05700	CT SCAN	0.029827	5,863,969	0	0	174,905	57.00
58.00	05800	MRI	0.046954	1,837,218	0	0	86,265	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.209849	704,441	0	0	147,826	59.00
60.00	06000	LABORATORY	0.112240	3,681,381	0	0	413,198	60.00
65.00	06500	RESPIRATORY THERAPY	0.175182	268,657	0	0	47,064	65.00
66.00	06600	PHYSICAL THERAPY	0.518129	68,652	0	0	35,571	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.366131	24,473	0	0	8,960	67.00
68.00	06800	SPEECH PATHOLOGY	0.117104	3,155	0	0	369	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083103	1,615,559	0	0	134,258	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195078	527,462	0	0	102,896	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.319842	1,916,452	0	0	612,962	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.399740	3,354,550	0	0	1,340,948	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247730	9,093,306	0	90,169	2,252,685	73.00
74.00	07400	RENAL DIALYSIS	0.722716	0	0	0	0	74.00
76.00	03020	ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950	WOUND CARE	0.640073	443,834	0	0	284,086	76.01
76.97	07697	CARDIAC REHABILITATION	0.708780	226,070	0	0	160,234	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.399977	859,199	0	225	343,660	90.00
91.00	09100	EMERGENCY	0.135556	4,840,805	0	0	656,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.505355	1,361,533	0	0	688,058	92.00
200.00		Subtotal (see instructions)		51,627,998	0	90,394	10,749,892	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		51,627,998	0	90,394	10,749,892	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,338	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	ANCILLARY	0	0	76.00
76.01	03950	WOUND CARE	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	90	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	22,428	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	22,428	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II | Date/Time Prepared: 5/23/2017 3:34 pm

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	1,948,696	51,113,950	0.038125	0	0	50.00
51.00	05100	RECOVERY ROOM	190,901	5,604,600	0.034061	8,800	300	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	669,861	5,580,640	0.120033	0	0	52.00
53.00	05300	ANESTHESIOLOGY	46,394	12,794,777	0.003626	16,000	58	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,226,006	44,772,686	0.027383	48,215	1,320	54.00
56.00	05600	RADIOISOTOPE	364,581	5,176,700	0.070427	0	0	56.00
57.00	05700	CT SCAN	91,214	49,677,856	0.001836	118,165	217	57.00
58.00	05800	MRI	53,373	12,958,200	0.004119	17,000	70	58.00
59.00	05900	CARDIAC CATHETERIZATION	65,305	5,460,100	0.011960	0	0	59.00
60.00	06000	LABORATORY	252,976	56,604,314	0.004469	479,976	2,145	60.00
65.00	06500	RESPIRATORY THERAPY	42,706	9,324,109	0.004580	103,574	474	65.00
66.00	06600	PHYSICAL THERAPY	710,275	13,711,139	0.051803	102,824	5,327	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,383	871,803	0.055498	56,467	3,134	67.00
68.00	06800	SPEECH PATHOLOGY	4,564	522,273	0.008739	16,115	141	68.00
69.00	06900	ELECTROCARDIOLOGY	41,099	13,473,840	0.003050	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	71,973	3,407,020	0.021125	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	93,275	14,068,315	0.006630	450	3	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	184,033	21,542,906	0.008543	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	188,793	50,354,096	0.003749	634,681	2,379	73.00
74.00	07400	RENAL DIALYSIS	3,269	881,900	0.003707	20,150	75	74.00
76.00	03020	ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950	WOUND CARE	132,968	1,420,440	0.093610	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	81,910	584,255	0.140196	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	503,183	7,467,830	0.067380	0	0	90.00
91.00	09100	EMERGENCY	859,922	71,245,422	0.012070	204,750	2,471	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,884,928	0.000000	4,950	0	92.00
200.00		Total (lines 50-199)	7,875,660	466,504,099		1,832,117	18,114	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	51,113,950	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	5,604,600	0.000000	0.000000	8,800	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,580,640	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	12,794,777	0.000000	0.000000	16,000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,772,686	0.000000	0.000000	48,215	54.00
56.00	05600	RADIOISOTOPE	0	5,176,700	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	49,677,856	0.000000	0.000000	118,165	57.00
58.00	05800	MRI	0	12,958,200	0.000000	0.000000	17,000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,460,100	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	56,604,314	0.000000	0.000000	479,976	60.00
65.00	06500	RESPIRATORY THERAPY	0	9,324,109	0.000000	0.000000	103,574	65.00
66.00	06600	PHYSICAL THERAPY	0	13,711,139	0.000000	0.000000	102,824	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	871,803	0.000000	0.000000	56,467	67.00
68.00	06800	SPEECH PATHOLOGY	0	522,273	0.000000	0.000000	16,115	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,473,840	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,407,020	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,068,315	0.000000	0.000000	450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,542,906	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	50,354,096	0.000000	0.000000	634,681	73.00
74.00	07400	RENAL DIALYSIS	0	881,900	0.000000	0.000000	20,150	74.00
76.00	03020	ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03950	WOUND CARE	0	1,420,440	0.000000	0.000000	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	584,255	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	7,467,830	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	71,245,422	0.000000	0.000000	204,750	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,884,928	0.000000	0.000000	4,950	92.00
200.00		Total (lines 50-199)	0	466,504,099			1,832,117	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:34 pm

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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	210	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	210	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
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
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	ANCILLARY	0	0	76.00
76.01	03950	WOUND CARE	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.262062	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.280509	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.845235	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064508	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172952	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.223481	0	0	0	0	56.00
57.00	05700	CT SCAN	0.029827	0	0	0	0	57.00
58.00	05800	MRI	0.046954	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.209849	0	0	0	0	59.00
60.00	06000	LABORATORY	0.112240	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.175182	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.518129	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.366131	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.117104	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083103	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195078	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.319842	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.399740	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247730	0	0	205	0	73.00
74.00	07400	RENAL DIALYSIS	0.722716	0	0	0	0	74.00
76.00	03020	ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950	WOUND CARE	0.640073	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.708780	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.399977	210	0	0	84	90.00
91.00	09100	EMERGENCY	0.135556	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.505355	0	0	0	0	92.00
200.00		Subtotal (see instructions)		210	0	205	84	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		210	0	205	84	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	51	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	ANCILLARY	0	0	76.00
76.01	03950	WOUND CARE	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	51	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	51	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II | Date/Time Prepared: 5/23/2017 3:34 pm

Component CCN: 14-S304 | Title XIX | Subprovider - IPF | Tefra

		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	1,948,696	51,113,950	0.038125	0	0	50.00
51.00	05100	RECOVERY ROOM	190,901	5,604,600	0.034061	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	669,861	5,580,640	0.120033	0	0	52.00
53.00	05300	ANESTHESIOLOGY	46,394	12,794,777	0.003626	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,226,006	44,772,686	0.027383	0	0	54.00
56.00	05600	RADIOISOTOPE	364,581	5,176,700	0.070427	0	0	56.00
57.00	05700	CT SCAN	91,214	49,677,856	0.001836	0	0	57.00
58.00	05800	MRI	53,373	12,958,200	0.004119	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	65,305	5,460,100	0.011960	0	0	59.00
60.00	06000	LABORATORY	252,976	56,604,314	0.004469	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	42,706	9,324,109	0.004580	0	0	65.00
66.00	06600	PHYSICAL THERAPY	710,275	13,711,139	0.051803	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,383	871,803	0.055498	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,564	522,273	0.008739	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	41,099	13,473,840	0.003050	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	71,973	3,407,020	0.021125	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	93,275	14,068,315	0.006630	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	184,033	21,542,906	0.008543	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	188,793	50,354,096	0.003749	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,269	881,900	0.003707	0	0	74.00
76.00	03020	ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950	WOUND CARE	132,968	1,420,440	0.093610	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	81,910	584,255	0.140196	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	503,183	7,467,830	0.067380	0	0	90.00
91.00	09100	EMERGENCY	859,922	71,245,422	0.012070	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,884,928	0.000000	0	0	92.00
200.00		Total (lines 50-199)	7,875,660	466,504,099		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:34 pm

Title XIX | Subprovider - IPF | Tefra

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:34 pm

Title XIX | Subprovider - IPF | Tefra

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	51,113,950	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	5,604,600	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,580,640	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	12,794,777	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,772,686	0.000000	0.000000	0	54.00
56.00	05600	RADIOISOTOPE	0	5,176,700	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	49,677,856	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	12,958,200	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,460,100	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	56,604,314	0.000000	0.000000	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	9,324,109	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	13,711,139	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	871,803	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	522,273	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,473,840	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,407,020	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,068,315	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,542,906	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	50,354,096	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	881,900	0.000000	0.000000	0	74.00
76.00	03020	ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03950	WOUND CARE	0	1,420,440	0.000000	0.000000	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	584,255	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	7,467,830	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	71,245,422	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,884,928	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	466,504,099			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:34 pm

Title XIX | Subprovider - IPF | Tefra

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/23/2017 3:34 pm

Title XIX | Subprovider - IPF | Tefra

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
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
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	ANCILLARY	0	0	76.00
76.01	03950	WOUND CARE	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | 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)	20,977	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	20,977	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	17,359	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)	6,123	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)	23,102,941	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)	23,102,941	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)	23,102,941	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)	1,101.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,743,566	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	6,743,566	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,725,129	2,301	2,488.10	931	2,316,421	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	9,500,616	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	18,560,603	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)	1,273,763	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	607,325	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,881,088	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	16,679,515	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	3,618	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,101.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,984,684	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | 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	3,411,984	23,102,941	0.147686	3,984,684	588,482	90.00
91.00	Nursing School cost	0	23,102,941	0.000000	3,984,684	0	91.00
92.00	Allied health cost	0	23,102,941	0.000000	3,984,684	0	92.00
93.00	All other Medical Education	0	23,102,941	0.000000	3,984,684	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0304	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
Component CCN: 14-S304		Date/Time Prepared: 5/23/2017 3:34 pm
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)	2,638	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,638	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)	2,638	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)	2,379	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)	4,747,661	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)	4,747,661	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)	4,747,661	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)	1,799.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,281,534	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)	4,281,534	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	366,210	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,647,744	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	743,890	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	18,114	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	762,004	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,885,740	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: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/23/2017 3:34 pm

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	824,864	4,747,661	0.173741	0	0	90.00
91.00	Nursing School cost	0	4,747,661	0.000000	0	0	91.00
92.00	Allied health cost	0	4,747,661	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,747,661	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0304	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
Component CCN: 14-S304		Date/Time Prepared: 5/23/2017 3:34 pm
Title XIX	Subprovider - IPF	Tefra

	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)	2,638	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,638	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)	2,638	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)	0	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)	2,882	15.00
16.00	Nursery days (title V or XIX only)	691	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)	4,747,661	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)	4,747,661	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)	4,747,661	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)	1,799.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	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)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1

Component CCN: 14-S304 | Date/Time Prepared: 5/23/2017 3:34 pm

Title XIX | Subprovider - IPF | Tefra

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	0	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	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: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1

Component CCN: 14-S304 | Date/Time Prepared: 5/23/2017 3:34 pm

Title XIX | Subprovider - IPF | Tefra

	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	0	4,747,661	0.000000	0	0	90.00
91.00	Nursing School cost	0	4,747,661	0.000000	0	0	91.00
92.00	Allied health cost	0	4,747,661	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,747,661	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		6,719,379		30.00
31.00	03100	INTENSIVE CARE UNIT		2,176,380		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.262062	3,610,723	946,233	50.00
51.00	05100	RECOVERY ROOM	0.280509	420,012	117,817	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.845235	6,652	5,623	52.00
53.00	05300	ANESTHESIOLOGY	0.064508	1,148,306	74,075	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172952	3,122,715	540,080	54.00
56.00	05600	RADIOISOTOPE	0.223481	508,583	113,659	56.00
57.00	05700	CT SCAN	0.029827	4,430,745	132,156	57.00
58.00	05800	MRI	0.046954	1,011,497	47,494	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.209849	1,014,779	212,950	59.00
60.00	06000	LABORATORY	0.112240	9,439,108	1,059,445	60.00
65.00	06500	RESPIRATORY THERAPY	0.175182	3,881,665	679,998	65.00
66.00	06600	PHYSICAL THERAPY	0.518129	792,511	410,623	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.366131	376,153	137,721	67.00
68.00	06800	SPEECH PATHOLOGY	0.117104	214,729	25,146	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083103	2,132,702	177,234	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195078	77,811	15,179	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.319842	1,585,226	507,022	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.399740	2,293,215	916,690	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247730	7,872,250	1,950,192	73.00
74.00	07400	RENAL DIALYSIS	0.722716	562,379	406,440	74.00
76.00	03020	ANCILLARY	0.000000	0	0	76.00
76.01	03950	WOUND CARE	0.640073	4,251	2,721	76.01
76.97	07697	CARDIAC REHABILITATION	0.708780	2,919	2,069	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.399977	9,939	3,975	90.00
91.00	09100	EMERGENCY	0.135556	5,096,965	690,924	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.505355	643,410	325,150	92.00
200.00		Total (sum of lines 50-94 and 96-98)		50,259,245	9,500,616	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)		50,259,245		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/23/2017 3:34 pm

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
40.00	04000	SUBPROVIDER - IPF		3,616,080		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.262062	0	0	50.00
51.00	05100	RECOVERY ROOM	0.280509	8,800	2,468	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.845235	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064508	16,000	1,032	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172952	48,215	8,339	54.00
56.00	05600	RADIOISOTOPE	0.223481	0	0	56.00
57.00	05700	CT SCAN	0.029827	118,165	3,525	57.00
58.00	05800	MRI	0.046954	17,000	798	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.209849	0	0	59.00
60.00	06000	LABORATORY	0.112240	479,976	53,873	60.00
65.00	06500	RESPIRATORY THERAPY	0.175182	103,574	18,144	65.00
66.00	06600	PHYSICAL THERAPY	0.518129	102,824	53,276	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.366131	56,467	20,674	67.00
68.00	06800	SPEECH PATHOLOGY	0.117104	16,115	1,887	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083103	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195078	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.319842	450	144	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.399740	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247730	634,681	157,230	73.00
74.00	07400	RENAL DIALYSIS	0.722716	20,150	14,563	74.00
76.00	03020	ANCILLARY	0.000000	0	0	76.00
76.01	03950	WOUND CARE	0.640073	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.708780	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.399977	0	0	90.00
91.00	09100	EMERGENCY	0.135556	204,750	27,755	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.505355	4,950	2,502	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,832,117	366,210	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)		1,832,117		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	10,290,745	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	3,538,937	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)	67,867	2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	104.03	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)	4.26	30.00
31.00	Percentage of Medicaid patient days (see instructions)	27.66	31.00
32.00	Sum of lines 30 and 31	31.92	32.00
33.00	Allowable disproportionate share percentage (see instructions)	15.55	33.00
34.00	Disproportionate share adjustment (see instructions)	537,629	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII

		Hospital	PPS	
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000176435	0.000175578	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,130,266	1,049,517	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	846,156	264,536	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,110,692		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 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	15,545,870		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)	15,545,870	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,209,004	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	1,036	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 intructions)	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)	0	58.00
59.00	Total (sum of amounts on lines 49 through 58)	16,755,910	59.00
60.00	Primary payer payments	3,712	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	16,752,198	61.00
62.00	Deductibles billed to program beneficiaries	1,437,044	62.00
63.00	Coinsurance billed to program beneficiaries	45,080	63.00
64.00	Allowable bad debts (see instructions)	314,457	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	204,397	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	290,963	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	15,474,471	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)	-8,874	70.93
70.94	HRR adjustment amount (see instructions)	-91,961	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		15,373,636	71.00
71.01	Sequestration adjustment (see instructions)		307,473	71.01
72.00	Interim payments		15,069,698	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)		-3,535	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		486,069	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	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	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	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet DSH | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	4.26	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	27.66	0.00			27.66	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	31.92	0.00			27.66	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	104.03	0.00			104.03	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	15.55	0.00			12.03	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	4.26	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,514	0			1,514	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	706	0			706	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	39	0			39	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	4,034	0			4,034	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	6,293	0			6,293	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	22,542	0			22,542	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	210	0			210	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	22,752	0			22,752	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	27.66	0.00			27.66	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet DSH | Date/Time Prepared: 5/23/2017 3:34 pm

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		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	15.55		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		15.55		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		15.55		0.00		31.00

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet DSH | Date/Time Prepared: 5/23/2017 3:34 pm

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		Revised Percentage		
		6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	12.03		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	12.03		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	12.03		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,290,745	0	10,290,745		10,290,745	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,538,937	0		3,538,937	3,538,937	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	67,867	0	58,000	9,867	67,867	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1555	0.1555	0.1555	0.1555		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	537,629	0	400,053	137,576	537,629	11.00
11.01	Uncompensated care payments	36.00	1,110,692	0	846,156	264,536	1,110,692	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	15,545,870	0	11,594,954	3,950,916	15,545,870	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	15,545,870	0	11,594,954	3,950,916	15,545,870	15.00
16.00	Payment for inpatient program capital	50.00	1,209,004	0	899,609	309,395	1,209,004	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	0	1,036	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 4 | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	12,495,599	4,260,311	16,755,910	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,111,932	0	825,442	286,490	1,111,932	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	22,906	0	19,110	3,796	22,906	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0667	0.0667	0.0667	0.0667		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	74,166	0	55,057	19,109	74,166	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,209,004	0	899,609	309,395	1,209,004	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,290,745	10,290,745		10,290,745	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,538,937		3,538,937	3,538,937	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	67,867	58,000	9,867	67,867	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1555	0.1555	0.1555		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	537,629	400,053	137,576	537,629	11.00
11.01	Uncompensated care payments	36.00	1,110,692	846,156	264,536	1,110,692	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	15,545,870	11,594,954	3,950,916	15,545,870	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	15,545,870	11,594,954	3,950,916	15,545,870	15.00
16.00	Payment for inpatient program capital	50.00	1,209,004	899,609	309,395	1,209,004	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	1,036	0	1,036	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			12,495,599	4,260,311	16,755,910	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2017 3:34 pm

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		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,111,932	825,442	286,490	1,111,932	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	22,906	19,110	3,796	22,906	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0667	0.0667	0.0667		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	74,166	55,057	19,109	74,166	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,209,004	899,609	309,395	1,209,004	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-8,874	-4,582	-4,292	-8,874	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-91,961	-57,633	-34,328	-91,961	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part B Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	22,428	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	10,749,892	2.00
3.00	PPS payments	9,087,189	3.00
4.00	Outlier payment (see instructions)	40,863	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)	22,428	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	90,394	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)	90,394	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 chargebasis 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)	90,394	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	67,966	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)	22,428	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)	9,128,052	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)	1,753,716	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)	7,396,764	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)	7,396,764	30.00
31.00	Primary payer payments	4,037	31.00
32.00	Subtotal (line 30 minus line 31)	7,392,727	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)	311,631	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	202,560	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	303,357	36.00
37.00	Subtotal (see instructions)	7,595,287	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)	7,595,287	40.00
40.01	Sequestration adjustment (see instructions)	151,906	40.01
41.00	Interim payments	7,466,239	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-22,858	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part B | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Subprovider - IPF | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	51	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	84	2.00
3.00	PPS payments	63	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)	51	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	205	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)	205	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 chargebasis 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)	205	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	154	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)	51	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)	63	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)	114	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)	114	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	114	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)	114	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)	114	40.00
40.01	Sequestration adjustment (see instructions)	2	40.01
41.00	Interim payments	122	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-10	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part I | Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		15,182,288		7,479,054	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	11/03/2016	112,590	11/03/2016	12,815	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)		-112,590		-12,815	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)		15,069,698		7,466,239	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		3,535		22,858	6.02
7.00	Total Medicare program liability (see instructions)		15,066,163		7,443,381	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0304 | Component CCN: 14-S304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part I | Date/Time Prepared: 5/23/2017 3:34 pm

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		2,166,361		122	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,166,361		122	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		2		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		10	6.02
7.00	Total Medicare program liability (see instructions)		2,166,363		112	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part II Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	5,756	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	7,054	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	1,590	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	19,660	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	500,702,657	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	7,192,250	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
		Overrides 1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0304	Period: From 01/01/2016	Worksheet E-3 Part II
Component CCN: 14-S304	To 12/31/2016	Date/Time Prepared: 5/23/2017 3:34 pm
Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	2,320,252	1.00
2.00	Net IPF PPS Outlier Payments	0	2.00
3.00	Net IPF PPS ECT Payments	2,701	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 instuctions)	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 instuctions)	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)	7.207650	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) 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)	2,322,953	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)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	2,322,953	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	2,322,953	18.00
19.00	Deductibles	105,616	19.00
20.00	Subtotal (line 18 minus line 19)	2,217,337	20.00
21.00	Coinsurance	6,762	21.00
22.00	Subtotal (line 20 minus line 21)	2,210,575	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)	2,210,575	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)	0	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)	2,210,575	31.00
31.01	Sequestration adjustment (see instructions)	44,212	31.01
32.00	Interim payments	2,166,361	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	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	0	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: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G | Date/Time Prepared: 5/23/2017 3:34 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	-10,405,729	0	0	0	1.00
2.00	Temporary investments	14,677	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	36,600,914	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-10,993,933	0	0	0	6.00
7.00	Inventory	2,606,922	0	0	0	7.00
8.00	Prepaid expenses	96,908	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	17,919,759	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	5,440,226	0	0	0	12.00
13.00	Land improvements	84,552	0	0	0	13.00
14.00	Accumulated depreciation	-79,275	0	0	0	14.00
15.00	Buildings	111,966,702	0	0	0	15.00
16.00	Accumulated depreciation	-35,235,845	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	23,136,181	0	0	0	19.00
20.00	Accumulated depreciation	-14,328,798	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	39,911,103	0	0	0	23.00
24.00	Accumulated depreciation	-33,658,156	0	0	0	24.00
25.00	Minor equipment depreciable	529,296	0	0	0	25.00
26.00	Accumulated depreciation	-527,082	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)	97,238,904	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	1,479,581	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	4,023,541	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,503,122	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	120,661,785	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	5,010,229	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,755,464	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,482,106	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	10,493,470	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	24,741,269	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	75,980,390	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	314,304	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	76,294,694	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	101,035,963	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	19,625,822				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	19,625,822	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	120,661,785	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-1 | Date/Time Prepared: 5/23/2017 3:34 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		30,976,551		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-3,645,611				2.00
3.00	Total (sum of line 1 and line 2)		27,330,940		0		3.00
4.00	DONOR RESTRICTED	194,736		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		194,736		0		10.00
11.00	Subtotal (line 3 plus line 10)		27,525,676		0		11.00
12.00	GENERAL FUND BALANCE	7,899,703		0		0	12.00
13.00	ROUNDING	151		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		7,899,854		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		19,625,822		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	DONOR RESTRICTED		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	GENERAL FUND BALANCE		0		12.00
13.00	ROUNDING		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: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-2 Parts I & II | Date/Time Prepared: 5/23/2017 3:34 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	23,932,405		23,932,405	1.00
2.00	SUBPROVIDER - IPF	4,009,760		4,009,760	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	27,942,165		27,942,165	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	5,065,325		5,065,325	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	5,065,325		5,065,325	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	33,007,490		33,007,490	17.00
18.00	Ancillary services	123,490,551	273,010,650	396,501,201	18.00
19.00	Outpatient services	13,774,887	57,470,535	71,245,422	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHARMACY	0	387,284	387,284	27.00
27.01	PHYSICIAN REVENUE	0	736,207	736,207	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	170,272,928	331,604,676	501,877,604	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		126,050,375		29.00
30.00	BAD DEBT	9,568,945			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)		9,568,945		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)		135,619,320		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-3 | Date/Time Prepared: 5/23/2017 3:34 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	501,877,604	1.00
2.00	Less contractual allowances and discounts on patients' accounts	371,153,569	2.00
3.00	Net patient revenues (line 1 minus line 2)	130,724,035	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	135,619,320	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,895,285	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	EHR REVENUE	1,249,674	24.00
25.00	Total other income (sum of lines 6-24)	1,249,674	25.00
26.00	Total (line 5 plus line 25)	-3,645,611	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)	-3,645,611	29.00

CALCULATION OF CAPITAL PAYMENT | Provider CCN: 14-0304 | Period: From 01/01/2016 To 12/31/2016 | Worksheet L Parts I-III Date/Time Prepared: 5/23/2017 3:34 pm

Title XVIII | Hospital | PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,111,932	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	22,906	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	54.29	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)	4.26	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	27.66	8.00
9.00	Sum of lines 7 and 8	31.92	9.00
10.00	Allowable disproportionate share percentage (see instructions)	6.67	10.00
11.00	Disproportionate share adjustment (see instructions)	74,166	11.00
12.00	Total prospective capital payments (see instructions)	1,209,004	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