

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet S Parts I-III Date/Time Prepared: 1/13/2017 7:46 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/13/2017 Time: 7:46 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by THE REHAB. INSTITUTE OF CHICAGO ( 143026 ) for the cost reporting period beginning 09/01/2015 and ending 08/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	193,221	43,148	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	193,221	43,148	0	0	200.00

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

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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 THE REHAB. INSTITUTE OF CHICAGO ( 143026 ) for the cost reporting period beginning 09/01/2015 and ending 08/31/2016 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: 1/13/2017 Time: 7:46 am  
VG8x6xhmzsj FzJMYti : HRel RGx4S: 0  
nLbJ60TPbl zU0yti Zyj 2om4yEyd8oi  
2pms0GDkm40HzrhZ  
PI: Date: 1/13/2017 Time: 7:46 am  
Jb8: R1M2RxME8J58UAI BQ2f0mKsDBO  
GPhxJOj cSWnNPZCB5vEkp81mpd5AYX  
MKkZ0Qal mYOfuT86

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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	193,221	43,148	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	193,221	43,148	0	0	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 143026		Period: From 09/01/2015 To 08/31/2016		Worksheet S-2 Part I Date/Time Prepared: 1/13/2017 7:39 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 345 SUPERIOR		PO Box:		Zip Code: 60611-		County: COOK					
2.00 City: CHICAGO		State: IL									
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		THE REHAB. INSTITUTE OF CHICAGO		143026	16974	5	09/01/1967	N	P	O	
4.00 Subprovider - IPF											
5.00 Subprovider - IRF											
6.00 Subprovider - (Other)											
7.00 Swing Beds - SNF											
8.00 Swing Beds - NF											
9.00 Hospital-Based SNF											
10.00 Hospital-Based NF											
11.00 Hospital-Based OLTC											
12.00 Hospital-Based HHA											
13.00 Separately Certified ASC											
14.00 Hospital-Based Hospice											
15.00 Hospital-Based Health Clinic - RHC											
16.00 Hospital-Based Health Clinic - FQHC											
17.00 Hospital-Based (CMHC) I											
17.10 Hospital-Based (CORF) I											
18.00 Renal Dialysis											
19.00 Other											
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							09/01/2015	08/31/2016		20.00	
21.00 Type of Control (see instructions)							2			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							N	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	N		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								1	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				0	0	0	0	0	0		
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.				6,024	1,820	0	0	5,474			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet S-2 Part I Date/Time Prepared: 1/13/2017 7:39 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N		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		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06		
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
		1.00	2.00	3.00	4.00				
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.10		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.20		
							1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0		76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N	94.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet S-2 Part I Date/Time Prepared: 1/13/2017 7:39 am		
		V 1.00	XIX 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		
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.			107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					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
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	325,000	616,244		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.	N				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
<b>Transplant Center Information</b>						
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: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet S-2 Part I Date/Time Prepared: 1/13/2017 7:39 am	
		1.00	2.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			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:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				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.	N			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF		N	N	N
					1.00
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				
					0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				N
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet S-2 Part I Date/Time Prepared: 1/13/2017 7:39 am
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 143026		Period: From 09/01/2015 To 08/31/2016		Worksheet S-2 Part II Date/Time Prepared: 1/13/2017 7:39 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	12/16/2016	Y	12/16/2016		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)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet S-2 Part II Date/Time Prepared: 1/13/2017 7:39 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	COLETTE		AI MONE	41.00
42.00	Enter the employer/company name of the cost report preparer.	REHABILITATION INSTITUTE OF CHICAGO			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(312)238-1296		CAIMONE@RIC.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet S-2 Part II Date/Time Prepared: 1/13/2017 7:39 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR REIMBURSEMENT		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

HFS Supplemental Information		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet S-2 Part IX Date/Time Prepared: 1/13/2017 7:39 am
		Title V	Title XIX	
		1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
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
		Inpatient	Outpatient	
		1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
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	
<b>RCE DISALLOWANCE</b>				
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
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") 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
<b>RHC</b>				
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: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/13/2017 7:39 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	182	66,612	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)		182	66,612	0.00	0	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)		182	66,612	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		182				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: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/13/2017 7:39 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	18,167	6,024	59,808			1.00
2.00 HMO and other (see instructions)	2,121	7,294				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)	18,167	6,024	59,808			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)	18,167	6,024	59,808	28.14	1,786.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				28.14	1,786.00	27.00
28.00 Observation Bed Days		0	0			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/13/2017 7:39 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	923	196	2,503	1.00
2.00 HMO and other (see instructions)				98	315		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		923	196	2,503	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		0	0	0	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 143026		Period: From 09/01/2015 To 08/31/2016		Worksheet A	
Date/Time Prepared: 1/13/2017 7:39 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	5,636,652	5,636,652	1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	6,249,019	6,249,019	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,347,041	1,764,200	3,111,241	27,353,313	30,464,554	4.00
5.01 00540	PURCHASING RECEIVING AND STORES	329,053	680,146	1,009,199	-219,296	789,903	5.01
5.02 00570	ADMINISTRATIVE	2,269,051	687,230	2,956,281	-610,190	2,346,091	5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,758,025	1,102,151	2,860,176	-457,267	2,402,909	5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	21,724,448	33,983,938	55,708,386	-13,112,140	42,596,246	5.04
7.00 00700	OPERATION OF PLANT	869,538	11,488,513	12,358,051	-2,978,541	9,379,510	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	434,480	434,480	8.00
9.00 00900	HOUSEKEEPING	1,148,756	1,748,589	2,897,345	-745,777	2,151,568	9.00
10.00 01000	DIETARY	1,196,294	1,963,759	3,160,053	-1,811,657	1,348,396	10.00
11.00 01100	CAFETERIA	0	0	0	1,478,768	1,478,768	11.00
13.00 01300	NURSING ADMINISTRATION	1,283,174	683,611	1,966,785	-383,010	1,583,775	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	372,070	362,874	734,944	-111,430	623,514	14.00
15.00 01500	PHARMACY	1,079,197	6,840,976	7,920,173	-6,427,643	1,492,530	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	538,036	388,767	926,803	-119,273	807,530	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	263,773	2,768,750	3,032,523	-62,892	2,969,631	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	109,853	25,674	135,527	574,582	710,109	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	17,796,893	10,838,411	28,635,304	-9,779,645	18,855,659	30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00 05400	RADIOLOGY-DIAGNOSTIC	394,593	168,950	563,543	1,571,665	2,135,208	54.00
54.01 05401	PSYCHOLOGY	0	0	0	1,338,841	1,338,841	54.01
54.02 05402	PULMONARY	0	0	0	218,166	218,166	54.02
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	247,956	729,395	977,351	-67,826	909,525	60.00
60.01 06001	VOCATIONAL REHABILITATION	358,931	140,800	499,731	-112,113	387,618	60.01
65.00 06500	RESPIRATORY THERAPY	350,224	66,864	417,088	774,024	1,191,112	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	8,569,244	8,569,244	66.00
66.01 06601	ALLIED HEALTH	16,841,310	5,531,272	22,372,582	-22,372,582	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	5,283,299	5,283,299	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	2,238,200	2,238,200	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,179,071	2,179,071	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	6,137,646	6,137,646	73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	2,021,392	3,049,112	5,070,504	-1,155,055	3,915,449	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	27,016,607	12,844,236	39,860,843	-3,711,453	36,149,390	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	99,316,215	97,858,218	197,174,433	5,799,180	202,973,613	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00 19100	RESEARCH	10,798,562	14,031,942	24,830,504	-2,982,521	21,847,983	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	FOUNDATION	1,628,745	952,352	2,581,097	-420,576	2,160,521	192.01
192.02 19202	ACADEMY	515,765	282,509	798,274	-156,232	642,042	192.02
192.03 19203	PARTNERSHIP EXPENSE	9,291,506	3,131,406	12,422,912	-2,239,851	10,183,061	192.03
200.00	TOTAL (SUM OF LINES 118-199)	121,550,793	116,256,427	237,807,220	0	237,807,220	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet A  
Date/Time Prepared:  
1/13/2017 7:39 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-1,968,963	3,667,689	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	-18,559	6,230,460	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	30,464,554	4.00
5.01	00540 PURCHASING RECEIVING AND STORES	0	789,903	5.01
5.02	00570 ADMITTING	0	2,346,091	5.02
5.03	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	2,402,909	5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL	-9,741,049	32,855,197	5.04
7.00	00700 OPERATION OF PLANT	-700,542	8,678,968	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	434,480	8.00
9.00	00900 HOUSEKEEPING	0	2,151,568	9.00
10.00	01000 DIETARY	-4,598	1,343,798	10.00
11.00	01100 CAFETERIA	-854,279	624,489	11.00
13.00	01300 NURSING ADMINISTRATION	-383	1,583,392	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	623,514	14.00
15.00	01500 PHARMACY	0	1,492,530	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-89,684	717,846	16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	-5,633	2,963,998	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300 PARAMED ED PRGM	0	710,109	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-16,793	18,838,866	30.00
41.00	04100 SUBPROVIDER - I RF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00	05400 RADIOLOGY-DIAGNOSTIC	-2,200	2,133,008	54.00
54.01	05401 PSYCHOLOGY	-1,660	1,337,181	54.01
54.02	05402 PULMONARY	0	218,166	54.02
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	909,525	60.00
60.01	06001 VOCATIONAL REHABILITATION	-1,700	385,918	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,191,112	65.00
66.00	06600 PHYSICAL THERAPY	-10,626	8,558,618	66.00
66.01	06601 ALLIED HEALTH	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	-6,551	5,276,748	67.00
68.00	06800 SPEECH PATHOLOGY	-2,775	2,235,425	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,179,071	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,137,646	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	-165	3,915,284	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	-12,176,805	23,972,585	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-25,602,965	177,370,648	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
191.00	19100 RESEARCH	0	21,847,983	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 FOUNDATION	0	2,160,521	192.01
192.02	19202 ACADEMY	0	642,042	192.02
192.03	19203 PARTNERSHIP EXPENSE	0	10,183,061	192.03
200.00	TOTAL (SUM OF LINES 118-199)	-25,602,965	212,204,255	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet Non-CMS W
Date/Time Prepared: 1/13/2017 7:39 am				
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	PURCHASING RECEIVING AND STORES	00540	NONPATIENT TELEPHONES	5.01
5.02	ADMITTING	00570	ADMITTING	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	00560	PURCHASING RECEIVING AND STORES	5.04
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
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
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED PRGM	02300		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	PSYCHOLOGY	05401		54.01
54.02	PULMONARY	05402		54.02
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	VOCATIONAL REHABILITATION	06001		60.01
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
66.01	ALLIED HEALTH	06601		66.01
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.00	PROSTHETICS AND ORTHOTICS	03020	ACUPUNCTURE	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	09910		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	FOUNDATION	19201		192.01
192.02	ACADEMY	19202		192.02
192.03	PARTNERSHIP EXPENSE	19203		192.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	27,425,377	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
0			0	27,425,377	
<b>B - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,667,689	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,230,460	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
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
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
0			0	9,898,149	
<b>C - INTEREST</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,968,963	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	18,559	2.00
0			0	1,987,522	
<b>E - ALLIED HEALTH</b>					
1.00	OCCUPATIONAL THERAPY	67.00	5,104,981	178,318	1.00
2.00	PSYCHOLOGY	54.01	1,293,653	45,188	2.00
3.00	PHYSICAL THERAPY	66.00	8,280,019	289,225	3.00
4.00	SPEECH PATHOLOGY	68.00	2,162,657	75,543	4.00
0			16,841,310	588,274	
<b>F - NMH SERVICES</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,706,061	1.00
2.00	RESPIRATORY THERAPY	65.00	0	835,317	2.00
0			0	2,541,378	
<b>G - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,179,071	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet A-6

Date/Time Prepared:  
1/13/2017 7:39 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	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
0			0	2,179,071	
H - TRANSCRIPTION AND PHY PRACTICE					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	22,260	1.00
2.00	CLINIC	90.00	664,365	75,859	2.00
0			664,365	98,119	
I - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	434,480	1.00
0			0	434,480	
J - CAFETERIA					
1.00	CAFETERIA	11.00	418,703	1,060,065	1.00
0			418,703	1,060,065	
K - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,137,646	1.00
0			0	6,137,646	
L - PULMONARY					
1.00	PULMONARY	54.02	134,939	83,227	1.00
0			134,939	83,227	
M - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM	23.00	588,109	7,500	1.00
0			588,109	7,500	
500.00	Grand Total: Increases		18,647,426	52,440,808	500.00

RECLASSIFICATIONS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet A-6  
Date/Time Prepared:  
1/13/2017 7:39 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - EMPLOYEE BENEFITS</b>							
1.00	PURCHASING RECEIVING AND STORES	5.01	0	85,279	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.02	0	591,511	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	457,267	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	5,087,493	0		4.00
5.00	OPERATION OF PLANT	7.00	0	227,353	0		5.00
6.00	HOUSEKEEPING	9.00	0	300,705	0		6.00
7.00	DIETARY	10.00	0	314,769	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	337,032	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	96,904	0		9.00
10.00	PHARMACY	15.00	0	284,675	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	141,533	0		11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	62,892	0		12.00
13.00	PARAMEDICAL PRGM	23.00	0	21,027	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	4,674,647	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	102,487	0		15.00
16.00	LABORATORY	60.00	0	64,395	0		16.00
17.00	VOCATIONAL REHABILITATION	60.01	0	93,492	0		17.00
18.00	ALLIED HEALTH	66.01	0	4,433,153	0		18.00
19.00	PROSTHETICS AND ORTHOTICS	76.00	0	528,339	0		19.00
20.00	CLINIC	90.00	0	3,957,495	0		20.00
21.00	RESEARCH	191.00	0	2,722,418	0		21.00
22.00	FOUNDATION	192.01	0	420,576	0		22.00
23.00	ACADEMY	192.02	0	135,251	0		23.00
24.00	PARTNERSHIP EXPENSE	192.03	0	2,237,119	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	47,565	0		25.00
0			0	27,425,377			
<b>B - DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	72,020	9		1.00
2.00	PURCHASING RECEIVING AND STORES	5.01	0	115,264	9		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.02	0	18,679	9		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	5,257,657	9		4.00
5.00	OPERATION OF PLANT	7.00	0	2,751,188	9		5.00
6.00	HOUSEKEEPING	9.00	0	10,142	9		6.00
7.00	DIETARY	10.00	0	18,120	9		7.00
8.00	NURSING ADMINISTRATION	13.00	0	45,966	9		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,218	9		9.00
10.00	PHARMACY	15.00	0	5,296	9		10.00
12.00	ADULTS & PEDIATRICS	30.00	0	264,789	9		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22,526	9		13.00
14.00	VOCATIONAL REHABILITATION	60.01	0	18,621	9		14.00
15.00	RESPIRATORY THERAPY	65.00	0	3,523	9		15.00
16.00	ALLIED HEALTH	66.01	0	495,136	9		16.00
17.00	PROSTHETICS AND ORTHOTICS	76.00	0	30,900	9		17.00
18.00	CLINIC	90.00	0	472,936	9		18.00
19.00	RESEARCH	191.00	0	259,455	9		19.00
21.00	ACADEMY	192.02	0	20,981	9		21.00
22.00	PARTNERSHIP EXPENSE	192.03	0	2,732	9		22.00
0			0	9,898,149			
<b>C - INTEREST</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,968,963	11		1.00
2.00	PURCHASING RECEIVING AND STORES	5.01	0	18,559	11		2.00
0			0	1,987,522			
<b>E - ALLIED HEALTH</b>							
1.00	ALLIED HEALTH	66.01	16,841,310	588,274	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
0			16,841,310	588,274			
<b>F - NMH SERVICES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	2,541,378	0		1.00
2.00		0.00	0	0	0		2.00
0			0	2,541,378			

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet A-6  
Date/Time Prepared:  
1/13/2017 7:39 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
<b>G - MEDICAL SUPPLIES</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	35,543	0	2.00
3.00	HOUSEKEEPING	9.00	0	450	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,308	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	2,080,665	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,383	0	6.00
7.00	ALLIED HEALTH	66.01	0	14,709	0	7.00
8.00	PROSTHETICS AND ORTHOTICS	76.00	0	207	0	8.00
9.00	CLINIC	90.00	0	21,246	0	9.00
10.00	RESEARCH	191.00	0	648	0	10.00
11.00	PURCHASING RECEIVING AND STORES	5.01	0	194	0	11.00
12.00	LABORATORY	60.00	0	3,431	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	10,205	0	13.00
14.00	PHARMACY	15.00	0	26	0	14.00
15.00	NURSING ADMINISTRATION	13.00	0	12	0	15.00
	O		0	2,179,071		
<b>H - TRANSCRIPTION AND PHY PRACTICE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	664,365	98,119	0	1.00
2.00		0.00	0	0	0	2.00
	O		664,365	98,119		
<b>I - LINEN</b>						
1.00	HOUSEKEEPING	9.00	0	434,480	0	1.00
	O		0	434,480		
<b>J - CAFETERIA</b>						
1.00	DIETARY	10.00	418,703	1,060,065	0	1.00
	O		418,703	1,060,065		
<b>K - DRUGS</b>						
1.00	PHARMACY	15.00	0	6,137,646	0	1.00
	O		0	6,137,646		
<b>L - PULMONARY</b>						
1.00	ADULTS & PEDIATRICS	30.00	134,939	83,227	0	1.00
	O		134,939	83,227		
<b>M - PARAMEDICAL EDUCATION</b>						
1.00	PROSTHETICS AND ORTHOTICS	76.00	588,109	7,500	0	1.00
	O		588,109	7,500		
500.00	Grand Total: Decreases		18,647,426	52,440,808		500.00

RECLASSIFICATIONS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
1/13/2017 7:39 am

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		
<b>A - EMPLOYEE BENEFITS</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	27,425,377	PURCHASING RECEIVING AND STORES	5.01	0	85,279	1.00
2.00		0.00	0	0	ADMINISTRATIVE	5.02	0	591,511	2.00
3.00		0.00	0	0	CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	457,267	3.00
4.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	5,087,493	4.00
5.00		0.00	0	0	OPERATION OF PLANT	7.00	0	227,353	5.00
6.00		0.00	0	0	HOUSEKEEPING	9.00	0	300,705	6.00
7.00		0.00	0	0	DIETARY	10.00	0	314,769	7.00
8.00		0.00	0	0	NURSING	13.00	0	337,032	8.00
9.00		0.00	0	0	ADMINISTRATIVE CENTRAL SERVICES & SUPPLY	14.00	0	96,904	9.00
10.00		0.00	0	0	PHARMACY	15.00	0	284,675	10.00
11.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	141,533	11.00
12.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	62,892	12.00
13.00		0.00	0	0	PARAMEDICAL PRGM	23.00	0	21,027	13.00
14.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	4,674,647	14.00
15.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	102,487	15.00
16.00		0.00	0	0	LABORATORY	60.00	0	64,395	16.00
17.00		0.00	0	0	VOCATIONAL REHABILITATION	60.01	0	93,492	17.00
18.00		0.00	0	0	ALLIED HEALTH	66.01	0	4,433,153	18.00
19.00		0.00	0	0	PROSTHETICS AND ORTHOTICS	76.00	0	528,339	19.00
20.00		0.00	0	0	CLINIC	90.00	0	3,957,495	20.00
21.00		0.00	0	0	RESEARCH	191.00	0	2,722,418	21.00
22.00		0.00	0	0	FOUNDATION	192.01	0	420,576	22.00
23.00		0.00	0	0	ACADEMY	192.02	0	135,251	23.00
24.00		0.00	0	0	PARTNERSHIP EXPENSE	192.03	0	2,237,119	24.00
25.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	47,565	25.00
0			0	27,425,377	0		0	27,425,377	
<b>B - DEPRECIATION</b>									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,667,689	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	72,020	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,230,460	PURCHASING RECEIVING AND STORES	5.01	0	115,264	2.00
3.00		0.00	0	0	ADMINISTRATIVE	5.02	0	18,679	3.00
4.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	5,257,657	4.00
5.00		0.00	0	0	OPERATION OF PLANT	7.00	0	2,751,188	5.00
6.00		0.00	0	0	HOUSEKEEPING	9.00	0	10,142	6.00
7.00		0.00	0	0	DIETARY	10.00	0	18,120	7.00
8.00		0.00	0	0	NURSING	13.00	0	45,966	8.00
9.00		0.00	0	0	ADMINISTRATIVE CENTRAL SERVICES & SUPPLY	14.00	0	12,218	9.00
10.00		0.00	0	0	PHARMACY	15.00	0	5,296	10.00
12.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	264,789	12.00
13.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	22,526	13.00
14.00		0.00	0	0	VOCATIONAL REHABILITATION	60.01	0	18,621	14.00
15.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	3,523	15.00
16.00		0.00	0	0	ALLIED HEALTH	66.01	0	495,136	16.00
17.00		0.00	0	0	PROSTHETICS AND ORTHOTICS	76.00	0	30,900	17.00
18.00		0.00	0	0	CLINIC	90.00	0	472,936	18.00
19.00		0.00	0	0	RESEARCH	191.00	0	259,455	19.00
21.00		0.00	0	0	ACADEMY	192.02	0	20,981	21.00
22.00		0.00	0	0	PARTNERSHIP EXPENSE	192.03	0	2,732	22.00
0			0	9,898,149	0		0	9,898,149	
<b>C - INTEREST</b>									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,968,963	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,968,963	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	18,559	PURCHASING RECEIVING AND STORES	5.01	0	18,559	2.00
0			0	1,987,522	0		0	1,987,522	
<b>E - ALLIED HEALTH</b>									
1.00	OCCUPATIONAL THERAPY	67.00	5,104,981	178,318	ALLIED HEALTH	66.01	16,841,310	588,274	1.00
2.00	PSYCHOLOGY	54.01	1,293,653	45,188		0.00	0	0	2.00
3.00	PHYSICAL THERAPY	66.00	8,280,019	289,225		0.00	0	0	3.00

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
1/13/2017 7:39 am

Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
4.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
SPEECH PATHOLOGY	68.00	2,162,657	75,543		0.00	0	0	0	4.00
0		16,841,310	588,274	0		16,841,310	588,274		
F - NMH SERVICES									
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,706,061	ADULTS & PEDIATRICS	30.00	0	2,541,378	1.00
2.00	RESPIRATORY THERAPY	65.00	0	835,317		0.00	0	0	2.00
0		0	2,541,378	0		0	2,541,378		
G - MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,179,071	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44	1.00
2.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	35,543	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	450	3.00
4.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	2,308	4.00
5.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	2,080,665	5.00
6.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	9,383	6.00
7.00		0.00	0	0	ALLIED HEALTH	66.01	0	14,709	7.00
8.00		0.00	0	0	PROSTHETICS AND ORTHOTICS	76.00	0	207	8.00
9.00		0.00	0	0	CLINIC	90.00	0	21,246	9.00
10.00		0.00	0	0	RESEARCH	191.00	0	648	10.00
11.00		0.00	0	0	PURCHASING RECEIVING AND STORES	5.01	0	194	11.00
12.00		0.00	0	0	LABORATORY	60.00	0	3,431	12.00
13.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	10,205	13.00
14.00		0.00	0	0	PHARMACY	15.00	0	26	14.00
15.00		0.00	0	0	NURSING	13.00	0	12	15.00
0		0	2,179,071	0		0	2,179,071		
H - TRANSCRIPTION AND PHYSICIAN PRACTICE									
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	22,260	OTHER ADMINISTRATIVE AND GENERAL	5.04	664,365	98,119	1.00
2.00	CLINIC	90.00	664,365	75,859		0.00	0	0	2.00
0			664,365	98,119			664,365	98,119	
I - LINEN									
1.00	LAUNDRY & LINEN SERVICE	8.00	0	434,480	HOUSEKEEPING	9.00	0	434,480	1.00
0			0	434,480			0	434,480	
J - CAFETERIA									
1.00	CAFETERIA	11.00	418,703	1,060,065	DIETARY	10.00	418,703	1,060,065	1.00
0			418,703	1,060,065			418,703	1,060,065	
K - DRUGS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,137,646	PHARMACY	15.00	0	6,137,646	1.00
0			0	6,137,646			0	6,137,646	
L - PULMONARY									
1.00	PULMONARY	54.02	134,939	83,227	ADULTS & PEDIATRICS	30.00	134,939	83,227	1.00
0			134,939	83,227			134,939	83,227	
M - PARAMEDICAL EDUCATION									
1.00	PARAMEDICAL PRGM	23.00	588,109	7,500	PROSTHETICS AND ORTHOTICS	76.00	588,109	7,500	1.00
0			588,109	7,500			588,109	7,500	
500.00	Grand Total: Increases		18,647,426	52,440,808	Grand Total: Decreases		18,647,426	52,440,808	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet A-7  
Part I  
Date/Time Prepared:  
1/13/2017 7:39 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	33,719,510	70,086	0	70,086	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	107,932,079	255,611	0	255,611	0	3.00
4.00	Building Improvements	350,374,648	142,693,215	0	142,693,215	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	53,353,899	6,397,780	0	6,397,780	395,858	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	545,380,136	149,416,692	0	149,416,692	395,858	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	545,380,136	149,416,692	0	149,416,692	395,858	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	33,789,596	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	108,187,690	0				3.00
4.00	Building Improvements	493,067,863	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	59,355,821	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	694,400,970	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	694,400,970	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet A-7  
Part II  
Date/Time Prepared:  
1/13/2017 7:39 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet A-7 Part III Date/Time Prepared: 1/13/2017 7:39 am
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	116,262,309	0	116,262,309	0.175992	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	544,349,065	0	544,349,065	0.824008	0	2.00
3.00	Total (sum of lines 1-2)	660,611,374	0	660,611,374	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,667,689	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,230,460	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,898,149	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	3,667,689	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,230,460	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	9,898,149	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet A-8

Date/Time Prepared:  
1/13/2017 7:39 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,968,963	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-18,559	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-7,309	OPERATION OF PLANT	7.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)	B	-648,091	OPERATION OF PLANT	7.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-11,436,513			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	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-841,489	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-12,790	CAFETERIA	11.00	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 - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW 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

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 RENTAL INCOME	B	-27,009	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	33.00
35.00 CLINIC RENTAL INCOME	B	-20,940	CLINIC	90.00	0	35.00
38.00 PRIVATE DUTY NURSING	A	-13,193	ADULTS & PEDIATRICS	30.00	0	38.00
38.01 PRIVATE DUTY NURSING	A	-158	NURSING ADMINISTRATION	13.00	0	38.01
40.00 PROVIDER TAX	A	-7,008,585	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	40.00
41.00 INTERNATIONAL RELATIONS	A	-414,322	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	41.00
41.02 REFERRAL DEVELOPMENT	A	-50,716	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	41.02
42.00 MARKETING	A	-349,071	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	42.00
42.01 CERNER SUBSCRIPTION SALES EXPENSE	A	-162	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	42.01
42.02 LOBBYING EXPENSE	A	-557,252	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	42.02
44.00 OTHER OPERATING REVENUE	B	-3,793	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	44.00
45.00 ADVANTAGE SERIES	A	-36,113	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	45.00
45.01 OTHER OPERATING REVENUE	B	-225	NURSING ADMINISTRATION	13.00	0	45.01
45.02 OTHER OPERATING REVENUE	B	-1,118,021	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	45.02
45.03 OTHER OPERATING REVENUE	B	-45,142	OPERATION OF PLANT	7.00	0	45.03
45.04 OTHER OPERATING REVENUE	B	-4,598	DIETARY	10.00	0	45.04
45.05 OTHER OPERATING REVENUE	B	-89,684	MEDICAL RECORDS & LIBRARY	16.00	0	45.05
45.06 OTHER OPERATING REVENUE	B	-5,633	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	45.06
45.07 OTHER OPERATING REVENUE	B	-3,600	ADULTS & PEDIATRICS	30.00	0	45.07
45.08 OTHER OPERATING REVENUE	B	-2,200	RADIOLOGY-DIAGNOSTIC	54.00	0	45.08
45.09 OTHER OPERATING REVENUE	B	-165	PROSTHETICS AND ORTHOTICS	76.00	0	45.09
45.10 OTHER OPERATING REVENUE	B	-1,700	VOCATIONAL REHABILITATION	60.01	0	45.10
45.12 OTHER OPERATING REVENUE	B	-567,559	CLINIC	90.00	0	45.12
45.13 OTHER OPERATING REVENUE	B	-6,551	OCCUPATIONAL THERAPY	67.00	0	45.13
45.14 OTHER OPERATING REVENUE	B	-1,660	PSYCHOLOGY	54.01	0	45.14
45.15 OTHER OPERATING REVENUE	B	-10,626	PHYSICAL THERAPY	66.00	0	45.15
45.16 OTHER OPERATING REVENUE	B	-2,775	SPEECH PATHOLOGY	68.00	0	45.16
45.18 DEPOSITION INCOME	B	-176,005	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	45.18
45.20 DEPOSITION INCOME	B	-151,793	CLINIC	90.00	0	45.20
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,602,965				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet A-8-2

Date/Time Prepared:  
1/13/2017 7:39 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	90.00	AGGREGATE-CLINIC	13,921,938	10,585,726	3,336,212	211,500	23,385	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		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			13,921,938	10,585,726	3,336,212		23,385	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	90.00	AGGREGATE-CLINIC	2,377,850	118,893	101,159	24,241	347,750	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		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			2,377,850	118,893	101,159	24,241	347,750	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	90.00	AGGREGATE-CLINIC	83,334	2,485,425	850,787	11,436,513		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		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			83,334	2,485,425	850,787	11,436,513		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet B  
Part I  
Date/Time Prepared:  
1/13/2017 7:39 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	3,667,689	3,667,689			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	6,230,460		6,230,460		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	30,464,554	996	72,020	30,537,570	4.00
5.01 00540	PURCHASING RECEIVING AND STORES	789,903	5,973	115,264	83,595	994,735
5.02 00570	ADMITTING	2,346,091	17,721	18,679	576,448	11,173
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,402,909	0	0	446,623	16,214
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	32,855,197	392,046	4,341,157	5,350,272	179,324
7.00 00700	OPERATION OF PLANT	8,678,968	411,410	0	220,904	19,968
8.00 00800	LAUNDRY & LINEN SERVICE	434,480	0	0	0	0
9.00 00900	HOUSEKEEPING	2,151,568	17,721	10,142	291,839	3,227
10.00 01000	DIETARY	1,343,798	191,449	18,120	193,537	30,811
11.00 01100	CAFETERIA	624,489	0	0	110,379	16,590
13.00 01300	NURSING ADMINISTRATION	1,583,392	26,582	45,966	325,988	16,217
14.00 01400	CENTRAL SERVICES & SUPPLY	623,514	70,885	12,218	94,524	132,746
15.00 01500	PHARMACY	1,492,530	14,177	5,296	274,168	41,591
16.00 01600	MEDICAL RECORDS & LIBRARY	717,846	6,471	0	136,687	4,947
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,963,998	35,442	0	67,011	9,408
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM	710,109	0	0	178,277	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	18,838,866	937,452	264,789	4,521,265	46,549
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,133,008	26,582	22,526	100,246	5,337
54.01 05401	PSYCHOLOGY	1,337,181	45,587	38,125	328,650	3,323
54.02 05402	PULMONARY	218,166	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	909,525	14,177	0	62,993	856
60.01 06001	VOCATIONAL REHABILITATION	385,918	0	18,621	91,186	1,977
65.00 06500	RESPIRATORY THERAPY	1,191,112	0	3,523	88,974	563
66.00 06600	PHYSICAL THERAPY	8,558,618	291,822	243,607	2,103,522	21,225
66.01 06601	ALLIED HEALTH	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	5,276,748	179,920	150,026	1,296,910	13,071
68.00 06800	SPEECH PATHOLOGY	2,235,425	76,221	63,377	549,419	5,521
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,179,071	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	6,137,646	0	0	0	0
76.00 03020	PROSTHETICS AND ORTHOTICS	3,915,284	58,689	30,900	363,162	47,296
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	23,972,585	307,234	472,936	7,032,341	91,738
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	177,370,648	3,128,557	5,947,292	24,888,920	719,672
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	21,847,983	441,666	259,455	2,743,353	126,590
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	FOUNDATION	2,160,521	17,721	0	413,779	74,448
192.02 19202	ACADEMY	642,042	79,745	20,981	131,029	59,273
192.03 19203	PARTNERSHIP EXPENSE	10,183,061	0	2,732	2,360,489	14,752
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	212,204,255	3,667,689	6,230,460	30,537,570	994,735

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet B Part I Date/Time Prepared: 1/13/2017 7:39 am		
Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT
			5.02	5.03	5A.03	5.04	7.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMINISTRATIVE	2,970,112				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,865,746			5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	43,117,996	43,117,996	5.04
7.00	00700	OPERATION OF PLANT	0	0	9,331,250	2,379,525	11,710,775
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	434,480	110,795	0
9.00	00900	HOUSEKEEPING	0	0	2,474,497	631,012	73,085
10.00	01000	DIETARY	0	0	1,777,715	453,328	789,568
11.00	01100	CAFETERIA	0	0	751,458	191,626	0
13.00	01300	NURSING ADMINISTRATION	0	0	1,998,145	509,539	109,628
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	933,887	238,147	292,341
15.00	01500	PHARMACY	0	0	1,827,762	466,090	58,468
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	865,951	220,823	26,688
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,075,859	784,363	146,171
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	888,386	226,544	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	995,258	539,212	26,143,391	6,666,722	3,866,216
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,368	49,186	2,386,253	608,509	109,628
54.01	05401	PSYCHOLOGY	22,043	44,529	1,819,438	463,968	188,010
54.02	05402	PULMONARY	5,870	4,727	228,763	58,336	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	203,847	114,839	1,306,237	333,098	58,468
60.01	06001	VOCATIONAL REHABILITATION	772	14,175	512,649	130,729	0
65.00	06500	RESPIRATORY THERAPY	115,027	62,313	1,461,512	372,694	0
66.00	06600	PHYSICAL THERAPY	430,735	404,637	12,054,166	3,073,885	1,203,527
66.01	06601	ALLIED HEALTH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	403,225	275,817	7,595,717	1,936,953	742,021
68.00	06800	SPEECH PATHOLOGY	150,623	98,778	3,179,364	810,757	314,349
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	120,647	65,699	2,365,417	603,196	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	427,660	288,394	6,853,700	1,747,735	0
76.00	03020	PROSTHETICS AND ORTHOTICS	45,037	127,136	4,587,504	1,169,841	242,044
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	776,304	32,653,138	8,326,729	1,267,086
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,970,112	2,865,746	170,624,635	32,514,944	9,487,298
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	0	0	25,419,047	6,482,009	1,821,508
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	FOUNDATION	0	0	2,666,469	679,966	73,085
192.02	19202	ACADEMY	0	0	933,070	237,938	328,884
192.03	19203	PARTNERSHIP EXPENSE	0	0	12,561,034	3,203,139	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,970,112	2,865,746	212,204,255	43,117,996	11,710,775

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet B Part I Date/Time Prepared: 1/13/2017 7:39 am				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00540	PURCHASING RECEIVING AND STORES				5.01		
5.02	00570	ADMITTING				5.02		
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03		
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04		
7.00	00700	OPERATION OF PLANT				7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	545,275			8.00		
9.00	00900	HOUSEKEEPING	0	3,178,594		9.00		
10.00	01000	DIETARY	0	327,796	3,348,407	10.00		
11.00	01100	CAFETERIA	0	0	943,084	11.00		
13.00	01300	NURSING ADMINISTRATION	0	21,874	0	13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,624	0	14.00		
15.00	01500	PHARMACY	0	7,187	0	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,750	0	16.00		
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	89,683	0	21.00		
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00		
23.00	02300	PARAMED ED PRGM	0	0	0	23.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	545,275	1,892,719	3,348,407	378,303	2,654,721	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,062	0	5,408	0	54.00
54.01	05401	PSYCHOLOGY	0	38,123	0	13,395	0	54.01
54.02	05402	PULMONARY	0	14,687	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	8,125	0	6,414	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	37,186	0	4,539	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,631	0	65.00
66.00	06600	PHYSICAL THERAPY	0	238,426	0	85,747	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	99,370	0	52,868	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	50,623	0	22,394	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03020	PROSTHETICS AND ORTHOTICS	0	27,811	0	18,250	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	189,053	0	191,202	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	545,275	3,091,099	3,348,407	837,356	2,654,721	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
191.00	19100	RESEARCH	0	41,873	0	90,674	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	11,872	0	192.00
192.01	19201	FOUNDATION	0	34,373	0	3,182	0	192.01
192.02	19202	ACADEMY	0	11,249	0	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	0	192.03
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)	545,275	3,178,594	3,348,407	943,084	2,654,721	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet B  
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Cost Center Description	INTERNS & RESIDENTS					
	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	14.00	15.00	16.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,495,363					14.00
15.00 01500 PHARMACY	0	2,372,765				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,129,502			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	4,097,548		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	382,154	2,458,529	0	30.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	18,090	0	0	54.00
54.01 05401 PSYCHOLOGY	0	0	30,527	0	0	54.01
54.02 05402 PULMONARY	0	0	20,351	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	15,829	0	0	60.00
60.01 06001 VOCATIONAL REHABILITATION	0	0	53,140	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	119,847	1,229,264	0	66.00
66.01 06601 ALLIED HEALTH	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	92,712	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	75,752	0	0	68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,495,363	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	2,372,765	0	0	0	73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	0	19,221	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	296,226	0	0	90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,495,363	2,372,765	1,123,849	3,687,793	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH	0	0	5,653	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 FOUNDATION	0	0	0	0	0	192.01
192.02 19202 ACADEMY	0	0	0	0	0	192.02
192.03 19203 PARTNERSHIP EXPENSE	0	0	0	409,755	0	192.03
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,495,363	2,372,765	1,129,502	4,097,548	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:  
From 09/01/2015  
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Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM	1,120,216			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	526,502	48,862,939	-2,458,529	46,404,410
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,146,950	0	3,146,950
54.01	05401	PSYCHOLOGY	0	2,553,461	0	2,553,461
54.02	05402	PULMONARY	0	322,137	0	322,137
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	1,728,171	0	1,728,171
60.01	06001	VOCATIONAL REHABILITATION	0	738,243	0	738,243
65.00	06500	RESPIRATORY THERAPY	0	1,839,837	0	1,839,837
66.00	06600	PHYSICAL THERAPY	0	18,004,862	-1,229,264	16,775,598
66.01	06601	ALLIED HEALTH	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	10,519,641	0	10,519,641
68.00	06800	SPEECH PATHOLOGY	0	4,453,239	0	4,453,239
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,463,976	0	4,463,976
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,974,200	0	10,974,200
76.00	03020	PROSTHETICS AND ORTHOTICS	0	6,064,671	0	6,064,671
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	593,714	43,517,148	0	43,517,148
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,120,216	157,189,475	-3,687,793	153,501,682
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	19100	RESEARCH	0	33,860,764	0	33,860,764
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,872	0	11,872
192.01	19201	FOUNDATION	0	3,457,075	0	3,457,075
192.02	19202	ACADEMY	0	1,511,141	0	1,511,141
192.03	19203	PARTNERSHIP EXPENSE	0	16,173,928	-409,755	15,764,173
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,120,216	212,204,255	-4,097,548	208,106,707

COST ALLOCATION STATISTICS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

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Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	6	GROSS	SALARIES	4.00
5.01	PURCHASING RECEIVING AND STORES	7	OTHER	EXPENSE	5.01
5.02	ADMITTING	8	INPATIENT	CHARGES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM.	COST	5.04
7.00	OPERATION OF PLANT	11	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	12	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	13	HOURS OF	SERVICE	9.00
10.00	DIETARY	14	MEALS	SERVED	10.00
11.00	CAFETERIA	15	MEALS	SERVED	11.00
13.00	NURSING ADMINISTRATION	16	DIRECT	NRSNG HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUIS.	14.00
15.00	PHARMACY	18	COSTED	REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	19	TIME	SPENT	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	22.00
23.00	PARAMED ED PRGM	21	ASSIGNED	TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

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Part II  
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Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	81,980	996	72,020	154,996	4.00
5.01 00540	PURCHASING RECEIVING AND STORES	0	5,973	115,264	121,237	5.01
5.02 00570	ADMINISTRATIVE	40,991	17,721	18,679	77,391	5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	198,414	0	0	198,414	5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	1,080,418	392,046	4,341,157	5,813,621	5.04
7.00 00700	OPERATION OF PLANT	103,735	411,410	0	515,145	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	17,721	10,142	27,863	9.00
10.00 01000	DIETARY	0	191,449	18,120	209,569	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	26,582	45,966	72,548	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	70,885	12,218	83,103	14.00
15.00 01500	PHARMACY	0	14,177	5,296	19,473	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	23,824	6,471	0	30,295	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	35,442	0	35,442	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	937,452	264,789	1,202,241	30.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	26,582	22,526	49,108	54.00
54.01 05401	PSYCHOLOGY	15,300	45,587	38,125	99,012	54.01
54.02 05402	PULMONARY	0	0	0	0	54.02
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	14,177	0	14,177	60.00
60.01 06001	VOCATIONAL REHABILITATION	22,791	0	18,621	41,412	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	3,523	3,523	65.00
66.00 06600	PHYSICAL THERAPY	97,929	291,822	243,607	633,358	66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	60,377	179,920	150,026	390,323	67.00
68.00 06800	SPEECH PATHOLOGY	25,578	76,221	63,377	165,176	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	0	58,689	30,900	89,589	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,654,370	307,234	472,936	2,434,540	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,405,707	3,128,557	5,947,292	12,481,556	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	253,646	441,666	259,455	954,767	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	FOUNDATION	226,759	17,721	0	244,480	192.01
192.02 19202	ACADEMY	0	79,745	20,981	100,726	192.02
192.03 19203	PARTNERSHIP EXPENSE	213,304	0	2,732	216,036	192.03
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,099,416	3,667,689	6,230,460	13,997,565	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026		Period: From 09/01/2015 To 08/31/2016		Worksheet B Part II Date/Time Prepared: 1/13/2017 7:39 am	
Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.01	5.02	5.03	5.04	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	PURCHASING RECEIVING AND STORES	121,661				5.01
5.02	00570	ADMINITTING	1,366	81,682			5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,983	0	202,663		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	21,933	0	0	5,862,700	5.04
7.00	00700	OPERATION OF PLANT	2,442	0	0	323,542	842,250
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	15,065	0
9.00	00900	HOUSEKEEPING	395	0	0	85,798	5,256
10.00	01000	DIETARY	3,768	0	0	61,639	56,786
11.00	01100	CAFETERIA	2,029	0	0	26,055	0
13.00	01300	NURSING ADMINISTRATION	1,983	0	0	69,282	7,885
14.00	01400	CENTRAL SERVICES & SUPPLY	16,235	0	0	32,381	21,025
15.00	01500	PHARMACY	5,087	0	0	63,374	4,205
16.00	01600	MEDICAL RECORDS & LIBRARY	605	0	0	30,025	1,919
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,151	0	0	106,649	10,513
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	0	30,803	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	5,693	27,393	38,094	906,470	278,062
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	653	1,357	3,475	82,739	7,885
54.01	05401	PSYCHOLOGY	406	606	3,146	63,085	13,522
54.02	05402	PULMONARY	0	161	334	7,932	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	105	5,604	8,113	45,291	4,205
60.01	06001	VOCATIONAL REHABILITATION	242	21	1,001	17,775	0
65.00	06500	RESPIRATORY THERAPY	69	3,162	4,402	50,675	0
66.00	06600	PHYSICAL THERAPY	2,596	11,841	28,587	417,954	86,559
66.01	06601	ALLIED HEALTH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,599	11,085	19,486	263,366	53,367
68.00	06800	SPEECH PATHOLOGY	675	4,141	6,978	110,238	22,608
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,317	4,641	82,016	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,756	20,374	237,638	0
76.00	03020	PROSTHETICS AND ORTHOTICS	5,785	1,238	8,982	159,063	17,408
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	11,220	0	55,050	1,132,155	91,130
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	88,020	81,682	202,663	4,421,010	682,335
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	15,483	0	0	881,355	131,005
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	FOUNDATION	9,105	0	0	92,454	5,256
192.02	19202	ACADEMY	7,249	0	0	32,352	23,654
192.03	19203	PARTNERSHIP EXPENSE	1,804	0	0	435,529	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	121,661	81,682	202,663	5,862,700	842,250

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,065				8.00
9.00	00900	HOUSEKEEPING	0	120,793			9.00
10.00	01000	DIETARY	0	12,457	345,201		10.00
11.00	01100	CAFETERIA	0	0	0	28,644	11.00
13.00	01300	NURSING ADMINISTRATION	0	831	0	472	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	784	0	315	14.00
15.00	01500	PHARMACY	0	273	0	403	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	333	0	221	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,408	0	45	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	161	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	15,065	71,927	345,201	11,489	154,655
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	724	0	164	0
54.01	05401	PSYCHOLOGY	0	1,449	0	407	0
54.02	05402	PULMONARY	0	558	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	309	0	195	0
60.01	06001	VOCATIONAL REHABILITATION	0	1,413	0	138	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	171	0
66.00	06600	PHYSICAL THERAPY	0	9,061	0	2,604	0
66.01	06601	ALLIED HEALTH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	3,776	0	1,606	0
68.00	06800	SPEECH PATHOLOGY	0	1,924	0	680	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03020	PROSTHETICS AND ORTHOTICS	0	1,057	0	554	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	7,184	0	5,807	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,065	117,468	345,201	25,432	154,655
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	0	1,591	0	2,754	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	361	0
192.01	19201	FOUNDATION	0	1,306	0	97	0
192.02	19202	ACADEMY	0	428	0	0	0
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	15,065	120,793	345,201	28,644	154,655

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet B  
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	154,323					14.00
15.00 01500 PHARMACY	0	94,206				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	64,092			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	157,548		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	21,685			30.00
41.00 04100 SUBPROVIDER - I RF	0	0	0			41.00
42.00 04200 SUBPROVIDER	0	0	0			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	1,026			54.00
54.01 05401 PSYCHOLOGY	0	0	1,732			54.01
54.02 05402 PULMONARY	0	0	1,155			54.02
57.00 05700 CT SCAN	0	0	0			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0			59.00
60.00 06000 LABORATORY	0	0	898			60.00
60.01 06001 VOCATIONAL REHABILITATION	0	0	3,015			60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0			65.00
66.00 06600 PHYSICAL THERAPY	0	0	6,801			66.00
66.01 06601 ALLIED HEALTH	0	0	0			66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	5,261			67.00
68.00 06800 SPEECH PATHOLOGY	0	0	4,298			68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	154,323	0	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	94,206	0			73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	0	1,091			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 09000 CLINIC	0	0	16,809			90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET ACQUISITION	0	0	0			111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	154,323	94,206	63,771	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH	0	0	321			191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01 19201 FOUNDATION	0	0	0			192.01
192.02 19202 ACADEMY	0	0	0			192.02
192.03 19203 PARTNERSHIP EXPENSE	0	0	0			192.03
200.00 Cross Foot Adjustments				157,548		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	154,323	94,206	64,092	157,548		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet B Part II Date/Time Prepared: 1/13/2017 7:39 am
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Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01	00540	PURCHASING RECEIVING AND STORES				5.01	
5.02	00570	ADMITTING				5.02	
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
13.00	01300	NURSING ADMINISTRATION				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00	
15.00	01500	PHARMACY				15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00	
23.00	02300	PARAMED PRGM	31,869			23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,100,915	0	3,100,915	30.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	42.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	147,640	0	147,640	54.00	
54.01	05401	PSYCHOLOGY	185,033	0	185,033	54.01	
54.02	05402	PULMONARY	10,140	0	10,140	54.02	
57.00	05700	CT SCAN	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00	
60.00	06000	LABORATORY	79,217	0	79,217	60.00	
60.01	06001	VOCATIONAL REHABILITATION	65,480	0	65,480	60.01	
65.00	06500	RESPIRATORY THERAPY	62,453	0	62,453	65.00	
66.00	06600	PHYSICAL THERAPY	1,210,034	0	1,210,034	66.00	
66.01	06601	ALLIED HEALTH	0	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	756,449	0	756,449	67.00	
68.00	06800	SPEECH PATHOLOGY	319,506	0	319,506	68.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	244,297	0	244,297	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	363,974	0	363,974	73.00	
76.00	03020	PROSTHETICS AND ORTHOTICS	286,610	0	286,610	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00	
90.00	09000	CLINIC	3,789,627	0	3,789,627	90.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	99.10	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	10,621,375	0	10,621,375	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	2,001,195	0	2,001,195	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	361	0	361	192.00	
192.01	19201	FOUNDATION	354,797	0	354,797	192.01	
192.02	19202	ACADEMY	165,074	0	165,074	192.02	
192.03	19203	PARTNERSHIP EXPENSE	665,346	0	665,346	192.03	
200.00		Cross Foot Adjustments	31,869	0	189,417	200.00	
201.00		Negative Cost Centers	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	31,869	13,997,565	0	13,997,565	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet B-1

Date/Time Prepared:  
1/13/2017 7:39 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (OTHER EXPENSE)	ADMITTING (INPATIENT CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	368,400				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		6,230,457			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	100	72,020	120,203,753		4.00
5.01 00540	PURCHASING RECEIVING AND STORES	600	115,264	329,053	635,594	5.01
5.02 00570	ADMITTING	1,780	18,679	2,269,051	7,139	244,461,524
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,758,025	10,360	0
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	39,379	4,341,154	21,060,083	114,580	0
7.00 00700	OPERATION OF PLANT	41,324	0	869,538	12,759	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	1,780	10,142	1,148,756	2,062	0
10.00 01000	DIETARY	19,230	18,120	761,814	19,687	0
11.00 01100	CAFETERIA	0	0	434,480	10,600	0
13.00 01300	NURSING ADMINISTRATION	2,670	45,966	1,283,174	10,362	0
14.00 01400	CENTRAL SERVICES & SUPPLY	7,120	12,218	372,070	84,819	0
15.00 01500	PHARMACY	1,424	5,296	1,079,197	26,575	0
16.00 01600	MEDICAL RECORDS & LIBRARY	650	0	538,036	3,161	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,560	0	263,773	6,011	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED PRGM	0	0	701,745	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	94,162	264,789	17,796,893	29,743	81,922,177
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,670	22,526	394,593	3,410	4,063,183
54.01 05401	PSYCHOLOGY	4,579	38,125	1,293,653	2,123	1,814,238
54.02 05402	PULMONARY	0	0	0	0	483,166
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	1,424	0	247,956	547	16,777,555
60.01 06001	VOCATIONAL REHABILITATION	0	18,621	358,931	1,263	63,554
65.00 06500	RESPIRATORY THERAPY	0	3,523	350,224	360	9,467,206
66.00 06600	PHYSICAL THERAPY	29,312	243,607	8,280,019	13,562	35,451,450
66.01 06601	ALLIED HEALTH	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	18,072	150,026	5,104,982	8,352	33,187,213
68.00 06800	SPEECH PATHOLOGY	7,656	63,377	2,162,657	3,528	12,396,934
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	9,929,791
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	35,198,340
76.00 03020	PROSTHETICS AND ORTHOTICS	5,895	30,900	1,429,500	30,220	3,706,717
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	30,860	472,936	27,680,972	58,617	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	314,247	5,947,289	97,969,175	459,840	244,461,524
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	44,363	259,455	10,798,562	80,886	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	FOUNDATION	1,780	0	1,628,745	47,569	0
192.02 19202	ACADEMY	8,010	20,981	515,765	37,873	0
192.03 19203	PARTNERSHIP EXPENSE	0	2,732	9,291,506	9,426	0
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)	3,667,689	6,230,460	30,537,570	994,735	2,970,112
203.00	Unit cost multiplier (Wkst. B, Part I)	9.955725	1.000000	0.254048	1.565048	0.012150
204.00	Cost to be allocated (per Wkst. B, Part II)			154,996	121,661	81,682
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001289	0.191413	0.000334

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet B-1

Date/Time Prepared:  
1/13/2017 7:39 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.03	5A.04	5.04	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	435,370,900				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-43,117,996	169,086,259		5.04
7.00	00700	OPERATION OF PLANT	0	0	9,331,250	285,217	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	434,480	0	46,398
9.00	00900	HOUSEKEEPING	0	0	2,474,497	1,780	0
10.00	01000	DIETARY	0	0	1,777,715	19,230	0
11.00	01100	CAFETERIA	0	0	751,458	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	1,998,145	2,670	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	933,887	7,120	0
15.00	01500	PHARMACY	0	0	1,827,762	1,424	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	865,951	650	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,075,859	3,560	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM	0	0	888,386	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	81,922,177	0	26,143,391	94,162	46,398
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,472,802	0	2,386,253	2,670	0
54.01	05401	PSYCHOLOGY	6,765,229	0	1,819,438	4,579	0
54.02	05402	PULMONARY	718,214	0	228,763	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	17,447,379	0	1,306,237	1,424	0
60.01	06001	VOCATIONAL REHABILITATION	2,153,571	0	512,649	0	0
65.00	06500	RESPIRATORY THERAPY	9,467,206	0	1,461,512	0	0
66.00	06600	PHYSICAL THERAPY	61,476,365	0	12,054,166	29,312	0
66.01	06601	ALLIED HEALTH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	41,904,794	0	7,595,717	18,072	0
68.00	06800	SPEECH PATHOLOGY	15,007,340	0	3,179,364	7,656	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,981,603	0	2,365,417	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	43,815,570	0	6,853,700	0	0
76.00	03020	PROSTHETICS AND ORTHOTICS	19,315,764	0	4,587,504	5,895	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	117,922,886	0	32,653,138	30,860	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	435,370,900	-43,117,996	127,506,639	231,064	46,398
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	0	0	25,419,047	44,363	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	FOUNDATION	0	0	2,666,469	1,780	0
192.02	19202	ACADEMY	0	0	933,070	8,010	0
192.03	19203	PARTNERSHIP EXPENSE	0	0	12,561,034	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	2,865,746		43,117,996	11,710,775	545,275
203.00		Unit cost multiplier (Wkst. B, Part I)	0.006582		0.255006	41.059176	11.752123
204.00		Cost to be allocated (per Wkst. B, Part II)	202,663		5,862,700	842,250	15,065
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000465		0.034673	2.953015	0.324691

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet B-1  
Date/Time Prepared:  
1/13/2017 7:39 am

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00560						5.04
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	10,172					9.00
10.00	01000	1,049	179,424				10.00
11.00	01100	0	0	131,310			11.00
13.00	01300	70	0	2,163	863,718		13.00
14.00	01400	66	0	1,443	0	1,000	14.00
15.00	01500	23	0	1,846	0	0	15.00
16.00	01600	28	0	1,015	0	0	16.00
21.00	02100	287	0	205	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	736	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	6,057	179,424	52,673	863,718	0	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	61	0	753	0	0	54.00
54.01	05401	122	0	1,865	0	0	54.01
54.02	05402	47	0	0	0	0	54.02
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	26	0	893	0	0	60.00
60.01	06001	119	0	632	0	0	60.01
65.00	06500	0	0	784	0	0	65.00
66.00	06600	763	0	11,939	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	318	0	7,361	0	0	67.00
68.00	06800	162	0	3,118	0	0	68.00
71.00	07100	0	0	0	0	1,000	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	89	0	2,541	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	605	0	26,622	0	0	90.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		9,892	179,424	116,589	863,718	1,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	134	0	12,625	0	0	191.00
192.00	19200	0	0	1,653	0	0	192.00
192.01	19201	110	0	443	0	0	192.01
192.02	19202	36	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		3,178,594	3,348,407	943,084	2,654,721	1,495,363	202.00
203.00		312.484664	18.661979	7.182119	3.073597	1,495.363000	203.00
204.00		120,793	345,201	28,644	154,655	154,323	204.00
205.00		11.875049	1.923940	0.218140	0.179057	154.323000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet B-1  
Date/Time Prepared:  
1/13/2017 7:39 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	15.00	16.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	1,000					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	999				16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,000			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		1,000		22.00
23.00 02300 PARAMED PRGM	0	0			100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	338	600	600	47	30.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	16	0	0	0	54.00
54.01 05401 PSYCHOLOGY	0	27	0	0	0	54.01
54.02 05402 PULMONARY	0	18	0	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	14	0	0	0	60.00
60.01 06001 VOCATIONAL REHABILITATION	0	47	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	106	300	300	0	66.00
66.01 06601 ALLIED HEALTH	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	82	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	67	0	0	0	68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	1,000	0	0	0	0	73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	17	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	262	0	0	53	90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	1,000	994	900	900	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH	0	5	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 FOUNDATION	0	0	0	0	0	192.01
192.02 19202 ACADEMY	0	0	0	0	0	192.02
192.03 19203 PARTNERSHIP EXPENSE	0	0	100	100	0	192.03
200.00						200.00
201.00						201.00
202.00	2,372,765	1,129,502	4,097,548	0	1,120,216	202.00
203.00	2,372.765000	1,130.632633	4,097.548000	0.000000	11,202.160000	203.00
204.00	94,206	64,092	157,548	0	31,869	204.00
205.00	94.206000	64.156156	157.548000	0.000000	318.690000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet C Part I Date/Time Prepared: 1/13/2017 7:39 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		46,404,410	0	46,404,410	30.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,146,950	0	3,146,950	54.00
54.01	05401 PSYCHOLOGY		2,553,461	0	2,553,461	54.01
54.02	05402 PULMONARY		322,137	0	322,137	54.02
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		1,728,171	0	1,728,171	60.00
60.01	06001 VOCATIONAL REHABILITATION		738,243	0	738,243	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,839,837	0	1,839,837	65.00
66.00	06600 PHYSICAL THERAPY	0	16,775,598	0	16,775,598	66.00
66.01	06601 ALLIED HEALTH	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	10,519,641	0	10,519,641	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,453,239	0	4,453,239	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,463,976	0	4,463,976	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		10,974,200	0	10,974,200	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS		6,064,671	0	6,064,671	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		43,517,148	850,787	44,367,935	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)	0	153,501,682	850,787	154,352,469	200.00
201.00	Less Observation Beds	0	0	0	0	201.00
202.00	Total (see instructions)	0	153,501,682	850,787	154,352,469	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet C  
Part I  
Date/Time Prepared:  
1/13/2017 7:39 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	81,922,177		81,922,177		30.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,063,183	3,409,619	7,472,802	0.421120	54.00
54.01	05401	PSYCHOLOGY	1,814,238	4,950,991	6,765,229	0.377439	54.01
54.02	05402	PULMONARY	483,166	235,048	718,214	0.448525	54.02
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	16,777,555	669,824	17,447,379	0.099050	60.00
60.01	06001	VOCATIONAL REHABILITATION	63,554	2,090,017	2,153,571	0.342799	60.01
65.00	06500	RESPIRATORY THERAPY	9,467,206	0	9,467,206	0.194338	65.00
66.00	06600	PHYSICAL THERAPY	35,451,450	26,024,915	61,476,365	0.272879	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	33,187,213	8,717,581	41,904,794	0.251037	67.00
68.00	06800	SPEECH PATHOLOGY	12,396,934	2,610,406	15,007,340	0.296737	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,929,791	51,812	9,981,603	0.447220	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,198,340	8,617,230	43,815,570	0.250463	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	3,706,717	15,609,047	19,315,764	0.313975	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	117,922,886	117,922,886	0.369031	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	244,461,524	190,909,376	435,370,900		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	244,461,524	190,909,376	435,370,900		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet C Part I Date/Time Prepared: 1/13/2017 7:39 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.421120		54.00
54.01	05401 PSYCHOLOGY	0.377439		54.01
54.02	05402 PULMONARY	0.448525		54.02
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.099050		60.00
60.01	06001 VOCATIONAL REHABILITATION	0.342799		60.01
65.00	06500 RESPIRATORY THERAPY	0.194338		65.00
66.00	06600 PHYSICAL THERAPY	0.272879		66.00
66.01	06601 ALLIED HEALTH	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.251037		67.00
68.00	06800 SPEECH PATHOLOGY	0.296737		68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.447220		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250463		73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.313975		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.376245		90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 143026		Period: From 09/01/2015 To 08/31/2016		Worksheet D Part I Date/Time Prepared: 1/13/2017 7:39 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,100,915	0	3,100,915	59,808	51.85	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (Lines 30-199)	3,100,915		3,100,915	59,808		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	18,167	941,959				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
200.00	Total (Lines 30-199)	18,167	941,959				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part II Date/Time Prepared: 1/13/2017 7:39 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	147,640	7,472,802	0.019757	1,465,272	28,949	54.00
54.01	05401	PSYCHOLOGY	185,033	6,765,229	0.027351	402,511	11,009	54.01
54.02	05402	PULMONARY	10,140	718,214	0.014118	155,486	2,195	54.02
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	79,217	17,447,379	0.004540	6,233,936	28,302	60.00
60.01	06001	VOCATIONAL REHABILITATION	65,480	2,153,571	0.030405	6,134	187	60.01
65.00	06500	RESPIRATORY THERAPY	62,453	9,467,206	0.006597	2,284,353	15,070	65.00
66.00	06600	PHYSICAL THERAPY	1,210,034	61,476,365	0.019683	11,892,278	234,076	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	756,449	41,904,794	0.018052	11,221,925	202,578	67.00
68.00	06800	SPEECH PATHOLOGY	319,506	15,007,340	0.021290	3,730,119	79,414	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	244,297	9,981,603	0.024475	2,603,349	63,717	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	363,974	43,815,570	0.008307	10,432,622	86,664	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	286,610	19,315,764	0.014838	890,926	13,220	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	3,789,627	117,922,886	0.032136	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
200.00		Total (lines 50-199)	7,520,460	353,448,723		51,318,911	765,381	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part III Date/Time Prepared: 1/13/2017 7:39 am
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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	526,502	0	0	526,502	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
200.00		Total (lines 30-199)	0	526,502	0	0	526,502	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	59,808	8.80	18,167	159,870	0	30.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
200.00		Total (lines 30-199)	59,808		18,167	159,870	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				
41.00	04100	SUBPROVIDER - IRF	0	0				
42.00	04200	SUBPROVIDER	0	0				
200.00		Total (lines 30-199)	0	0				

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet D  
Part IV  
Date/Time Prepared:  
1/13/2017 7:39 am

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	593,714	0	593,714	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	593,714	0	593,714	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet D  
Part IV  
Date/Time Prepared:  
1/13/2017 7:39 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,472,802	0.000000	0.000000	1,465,272	54.00
54.01	05401	PSYCHOLOGY	0	6,765,229	0.000000	0.000000	402,511	54.01
54.02	05402	PULMONARY	0	718,214	0.000000	0.000000	155,486	54.02
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	17,447,379	0.000000	0.000000	6,233,936	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	2,153,571	0.000000	0.000000	6,134	60.01
65.00	06500	RESPIRATORY THERAPY	0	9,467,206	0.000000	0.000000	2,284,353	65.00
66.00	06600	PHYSICAL THERAPY	0	61,476,365	0.000000	0.000000	11,892,278	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	41,904,794	0.000000	0.000000	11,221,925	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,007,340	0.000000	0.000000	3,730,119	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,981,603	0.000000	0.000000	2,603,349	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	43,815,570	0.000000	0.000000	10,432,622	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	19,315,764	0.000000	0.000000	890,926	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	593,714	117,922,886	0.005035	0.005035	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	593,714	353,448,723			51,318,911	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/13/2017 7:39 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	875,266	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	609,749	0	0	0	54.01
54.02	05402	PULMONARY	0	92,967	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	127,231	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	254,620	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	5,738	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,960	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	3,696,747	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	4,536,229	22,840	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	10,212,507	22,840	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/13/2017 7:39 am
	Title XVIII	Hospital	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 PSYCHOLOGY	0	0	54.01
54.02	05402 PULMONARY	0	0	54.02
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 VOCATIONAL REHABILITATION	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06601 ALLIED HEALTH	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03020 PROSTHETICS AND ORTHOTICS	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
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: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part V Date/Time Prepared: 1/13/2017 7:39 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.421120	875,266	0	0	368,592	54.00
54.01	05401	PSYCHOLOGY	0.377439	609,749	0	0	230,143	54.01
54.02	05402	PULMONARY	0.448525	92,967	0	0	41,698	54.02
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.099050	127,231	0	0	12,602	60.00
60.01	06001	VOCATIONAL REHABILITATION	0.342799	0	484	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.194338	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.272879	254,620	0	0	69,480	66.00
66.01	06601	ALLIED HEALTH	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.251037	5,738	0	0	1,440	67.00
68.00	06800	SPEECH PATHOLOGY	0.296737	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.447220	13,960	0	0	6,243	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.250463	3,696,747	0	0	925,898	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.313975	0	1,596	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.369031	4,536,229	0	0	1,674,009	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00		Subtotal (see instructions)		10,212,507	2,080	0	3,330,105	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		10,212,507	2,080	0	3,330,105	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet D Part V Date/Time Prepared: 1/13/2017 7:39 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401	PSYCHOLOGY	0	0	54.01
54.02 05402	PULMONARY	0	0	54.02
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
60.01 06001	VOCATIONAL REHABILITATION	166	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
66.01 06601	ALLIED HEALTH	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00 03020	PROSTHETICS AND ORTHOTICS	501	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	667	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	667	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet D-1 Date/Time Prepared: 1/13/2017 7:39 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		59,808	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		59,808	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)		59,808	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)		18,167	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		46,404,410	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)		46,404,410	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		46,404,410	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		775.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,095,594	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)		14,095,594	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet D-1 Date/Time Prepared: 1/13/2017 7:39 am			
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XVIII			1.00	2.00	3.00	4.00	5.00	
Hospital								
PPS								
42.00	NURSERY (title V & XIX only)						42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT						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)						13,128,347	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						27,223,941	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)						1,101,829	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						765,381	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						1,867,210	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						25,356,731	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: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet D-1

Date/Time Prepared:  
1/13/2017 7:39 am

Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Hospital		Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
				Total Observation Bed Cost (from line 89)	PPS	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,100,915	46,404,410	0.066824	0	0	90.00
91.00 Nursing School cost	0	46,404,410	0.000000	0	0	91.00
92.00 Allied health cost	526,502	46,404,410	0.011346	0	0	92.00
93.00 All other Medical Education	0	46,404,410	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet D-3 Date/Time Prepared: 1/13/2017 7:39 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		24,526,128		30.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.421120	1,465,272	617,055	54.00
54.01	05401 PSYCHOLOGY	0.377439	402,511	151,923	54.01
54.02	05402 PULMONARY	0.448525	155,486	69,739	54.02
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.099050	6,233,936	617,471	60.00
60.01	06001 VOCATIONAL REHABILITATION	0.342799	6,134	2,103	60.01
65.00	06500 RESPIRATORY THERAPY	0.194338	2,284,353	443,937	65.00
66.00	06600 PHYSICAL THERAPY	0.272879	11,892,278	3,245,153	66.00
66.01	06601 ALLIED HEALTH	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.251037	11,221,925	2,817,118	67.00
68.00	06800 SPEECH PATHOLOGY	0.296737	3,730,119	1,106,864	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.447220	2,603,349	1,164,270	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250463	10,432,622	2,612,986	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.313975	890,926	279,728	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.376245	0	0	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		51,318,911	13,128,347	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		51,318,911		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet E Part B Date/Time Prepared: 1/13/2017 7:39 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		667	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,307,265	2.00
3.00	PPS payments		3,218,010	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		22,840	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		667	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		2,080	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)		2,080	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		2,080	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,413	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)		667	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)		3,240,850	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		416	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		679,195	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)		2,561,906	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		81,127	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)		2,643,033	30.00
31.00	Primary payer payments		391	31.00
32.00	Subtotal (line 30 minus line 31)		2,642,642	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		82,912	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		53,893	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		82,912	36.00
37.00	Subtotal (see instructions)		2,696,535	37.00
38.00	MSP-LCC reconciliation amount from PS&R		68	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)		2,696,467	40.00
40.01	Sequestration adjustment (see instructions)		53,929	40.01
41.00	Interim payments		2,599,390	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		43,148	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 143026		Period: From 09/01/2015 To 08/31/2016		Worksheet E-1 Part I Date/Time Prepared: 1/13/2017 7:39 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		26,440,536		2,602,881	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	05/06/2016	77,745	05/06/2016	9,639	3.01	
3.02		08/30/2016	71,987	08/30/2016	5,413	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	04/05/2016	98,336	04/05/2016	18,543	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)		51,396		-3,491	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)		26,491,932		2,599,390	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		193,221		43,148	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		26,685,153		2,642,538	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		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet E-3 Part III Date/Time Prepared: 1/13/2017 7:39 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)		20,697,351	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0499	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		1,647,509	3.00
4.00	Outlier Payments		2,149,020	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		22.77	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		28.14	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		22.77	9.00
10.00	Average Daily Census (see instructions)		163.409836	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.141768	11.00
12.00	Teaching Adjustment (see instructions)		2,934,222	12.00
13.00	Total PPS Payment (see instructions)		27,428,102	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		27,428,102	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		27,428,102	19.00
20.00	Deductibles		143,136	20.00
21.00	Subtotal (line 19 minus line 20)		27,284,966	21.00
22.00	Coinsurance		1,029,238	22.00
23.00	Subtotal (line 21 minus line 22)		26,255,728	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		232,288	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		150,987	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		232,288	26.00
27.00	Subtotal (sum of lines 23 and 25)		26,406,715	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		663,163	28.00
29.00	Other pass through costs (see instructions)		159,870	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		27,229,748	32.00
32.01	Sequestration adjustment (see instructions)		544,595	32.01
33.00	Interim payments		26,491,932	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)		193,221	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		2,149,020	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet E-4 Date/Time Prepared: 1/13/2017 7:39 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			28.25	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			5.33	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			22.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			28.14	6.00
7.00	Enter the lesser of line 5 or line 6			22.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	26.64	26.64	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	21.70	21.70	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	21.70		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	21.92		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	22.16		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	21.93		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	21.93		17.00
18.00	Per resident amount	0.00	101,551.88		18.00
19.00	Approved amount for resident costs	0	2,227,033	2,227,033	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			5.22	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,227,033	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	18,167	2,121		26.00
27.00	Total Inpatient Days (see instructions)	59,808	59,808		27.00
28.00	Ratio of inpatient days to total inpatient days	0.303755	0.035463		28.00
29.00	Program direct GME amount	676,472	78,977		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		11,159		30.00
31.00	Net Program direct GME amount			744,290	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 143026	Period: From 09/01/2015 To 08/31/2016	Worksheet E-4 Date/Time Prepared: 1/13/2017 7:39 am
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		27,223,941	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		27,223,941	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		3,330,772	42.00
43.00	Primary payer payments (see instructions)		391	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		3,330,381	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		30,554,322	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.891001	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.108999	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		744,290	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		663,163	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		81,127	50.00

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

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet G  
Date/Time Prepared:  
1/13/2017 7:39 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	77,504,000	0	0	0	1.00
2.00	Temporary investments	3,571,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	30,847,000	0	0	0	4.00
5.00	Other receivable	42,178,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,613,000	0	0	0	7.00
8.00	Prepaid expenses	5,402,000	0	0	0	8.00
9.00	Other current assets	2,768,000	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)	163,883,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	33,789,597	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	601,255,553	0	0	0	15.00
16.00	Accumulated depreciation	-96,507,797	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	59,466,822	0	0	0	23.00
24.00	Accumulated depreciation	-49,247,273	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	548,756,902	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	192,640,000	28,491,000	89,199,000	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	12,250,000	74,664,000	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	204,890,000	103,155,000	89,199,000	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	917,529,902	103,155,000	89,199,000	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	40,910,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,634,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,272,000	0	0	0	40.00
41.00	Deferred income	3,117,000	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	8,922,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	81,855,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	388,560,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	141,602,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	530,162,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	612,017,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	305,512,902				52.00
53.00	Specific purpose fund		103,155,000			53.00
54.00	Donor created - endowment fund balance - restricted			89,199,000		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)	305,512,902	103,155,000	89,199,000	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	917,529,902	103,155,000	89,199,000	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet G-1

Date/Time Prepared:  
1/13/2017 7:39 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		277,736,275		63,844,725		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		10,962,773				2.00
3.00	Total (sum of line 1 and line 2)		288,699,048		63,844,725		3.00
4.00	INVESTMENT RETURN	16,437,854		39,310,275		0	4.00
5.00	PATHWAYS	376,000		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)		16,813,854		39,310,275		10.00
11.00	Subtotal (line 3 plus line 10)		305,512,902		103,155,000		11.00
12.00	EXPENDITURE	0		0		877,000	12.00
13.00	PATHWAYS	0		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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		305,512,902		103,155,000		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	90,076,000		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)	90,076,000		0			3.00
4.00	INVESTMENT RETURN		0				4.00
5.00	PATHWAYS		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)	90,076,000		0			11.00
12.00	EXPENDITURE		0				12.00
13.00	PATHWAYS		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)	877,000		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	89,199,000		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
1/13/2017 7:39 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	98,079,100		98,079,100	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	98,079,100		98,079,100	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	98,079,100		98,079,100	17.00
18.00	Ancillary services	176,934,699	202,007,810	378,942,509	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PATHWAYS	0	175,000	175,000	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	275,013,799	202,182,810	477,196,609	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		237,807,220		29.00
30.00	PATHWAYS	592,000			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)		592,000		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)		238,399,220		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2015  
To 08/31/2016

Worksheet G-3

Date/Time Prepared:  
1/13/2017 7:39 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	477,196,609	1.00
2.00	Less contractual allowances and discounts on patients' accounts	282,053,079	2.00
3.00	Net patient revenues (line 1 minus line 2)	195,143,530	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	238,399,220	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-43,255,690	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	11,431,950	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	648,091	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	841,489	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	12,790	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	41,284,143	24.00
25.00	Total other income (sum of lines 6-24)	54,218,463	25.00
26.00	Total (line 5 plus line 25)	10,962,773	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)	10,962,773	29.00