

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: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/22/2016 11:17 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: 11/22/2016 Time: 11:17 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 GENESIS MEDICAL CENTER - DAVENPORT (160033) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
Officer or Administrator of Provider(s)
VICE PRESIDENT, FINANCE/CFO
Title _____
11/28/2016
Date _____

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	126,280	-17,346	716,511	0	1.00
2.00 Subprovider - IPF	0	12,829	0		0	2.00
3.00 Subprovider - IRF	0	16,827	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	155,936	-17,346	716,511	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 160033		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 11:14 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 1227 EAST RUSHOLME				PO Box:				1.00			
2.00 City: DAVENPORT				State: IA		Zip Code: 52803-		County: SCOTT			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII	XIX						
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		GENESIS MEDICAL CENTER - DAVENPORT		160033	19340	1	07/01/1984	N	P	O	3.00
4.00 Subprovider - IPF		GMC PSYCH		16S033	19340	4	07/01/1984	N	P	N	4.00
5.00 Subprovider - IRF		GMC REHABILITATION		16T033	19340	5	07/01/1984	N	P	N	5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF											7.00
8.00 Swing Beds - NF											8.00
9.00 Hospital-Based SNF											9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA											12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice											14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							07/01/2015	06/30/2016		20.00	
21.00 Type of Control (see instructions)							2			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				7,149	2,192	791	324	3,497	0		24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid 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.				529	189	93	74	120			25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 11:14 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0			35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N			37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N		N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N		N	40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)		N		Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N		N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.		N		N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N		N	N	48.00
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		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)							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)						Y	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)						6.71	9.47	0.414710	65.00
		GENESIS FAMILY MEDICINE RESIDENCY	1350							

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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)	GENESIS FAMILY MEDICINE RESIDENCY	1350	3.16	14.90	0.174972
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	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)	N	N	0		76.00
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX				
		1.00		2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00		
Rural Providers								
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00		
		Physical	Occupational	Speech	Respiratory			
		1.00	2.00	3.00	4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00		
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0		
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.	2				118.00		
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	374,303		0		0		
					1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02		
119.00	DO NOT USE THIS LINE					119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00		
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00		
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 11:14 am			
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		H55790		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: GENESIS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001		141.00	
142.00	Street: 1227 EAST RUSHOLME STREET	PO Box:				142.00	
143.00	City: DAVENPORT	State: IA	Zip Code:	52803-2459		143.00	
					1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00	
		1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	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	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
					1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.25	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 11:14 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2014	09/30/2015	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, 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: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/22/2016 11:14 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/08/2016	Y	11/08/2016
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: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/22/2016 11:14 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		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.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		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		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		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.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		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.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	
				2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARTY	ORWI TZ		41.00
42.00	Enter the employer/company name of the cost report preparer.	GENESIS HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-421-4175	ORWI TZM@GENESISHEALTH.COM		43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 160033

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2016 11:14 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	198	72,468	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)		198	72,468	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,980	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	32.01	20	7,320	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		248	90,768	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	23	8,418		0	16.00
17.00 SUBPROVIDER - IRF	41.00	34	12,444		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		305				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: 160033

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2016 11:14 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	24,116	5,259	49,671			1.00
2.00 HMO and other (see instructions)	6,899	6,294				2.00
3.00 HMO IPF Subprovider	193	748				3.00
4.00 HMO IRF Subprovider	393	369				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)	24,116	5,259	49,671			7.00
8.00 INTENSIVE CARE UNIT	2,745	438	5,399			8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	0	826	2,681			9.01
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		1,136	4,009			13.00
14.00 Total (see instructions)	26,861	7,659	61,760	17.64	1,330.07	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,197	859	5,496	0.42	33.27	16.00
17.00 SUBPROVIDER - IRF	3,502	636	6,511	0.00	33.85	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				18.06	1,397.19	27.00
28.00 Observation Bed Days		701	4,386			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			720			30.00
31.00 Employee discount days - IRF			38			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: 160033

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2016 11:14 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	6,604	4,275	15,950	1.00
2.00	HMO and other (see instructions)			1,478	2,185		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
9.01	NICU						9.01
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	6,604	4,275	15,950	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	189	193	1,237	16.00
17.00	SUBPROVIDER - IRF	0.00	0	271	48	488	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 160033		Period: From 07/01/2015 To 06/30/2016		Worksheet S-3 Part II Date/Time Prepared: 11/22/2016 11:14 am	
	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	90,126,992	0	90,126,992	2,579,852.00	34.93	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		1,145,484	0	1,145,484	39,520.00	28.98	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,103,440	82,856	4,186,296	141,792.00	29.52	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		7,318,359	0	7,318,359	115,606.00	63.30	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		513,827	0	513,827	5,714.00	89.92	13.00
14.00	Home office salaries & wage-related costs		35,270,077	0	35,270,077	720,563.00	48.95	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		21,714,287	0	21,714,287			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,014,378	0	1,014,378			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	333,622	0	333,622	2,167.00	153.96	26.00
27.00	Administrative & General	5.00	3,996,952	-1,091,533	2,905,419	71,268.00	40.77	27.00
28.00	Administrative & General under contract (see inst.)		1,943,227	0	1,943,227	20,561.00	94.51	28.00
29.00	Maintenance & Repairs	6.00	1,773,241	0	1,773,241	76,461.00	23.19	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	64,575	0	64,575	5,762.00	11.21	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,544,179	0	2,544,179	78,895.00	32.25	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		786,938	0	786,938	38,361.00	20.51	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,690,836	0	1,690,836	65,515.00	25.81	38.00
39.00	Central Services and Supply	14.00	488,836	0	488,836	29,329.00	16.67	39.00
40.00	Pharmacy	15.00	5,228,391	0	5,228,391	128,060.00	40.83	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160033

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2016 11:14 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medi cal Records & Medi cal Records Li brary	16.00	0	0	0.00	0.00	41.00
42.00	Soci al Servi ce	17.00	0	0	0.00	0.00	42.00
43.00	Other General Servi ce	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160033

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

Worksheet S-3
Part III
Date/Time Prepared:
11/22/2016 11:14 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	94,255,852	0	94,255,852	2,678,149.00	35.19	1.00
2.00	Excluded area salaries (see instructions)	4,103,440	82,856	4,186,296	141,792.00	29.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)	90,152,412	-82,856	90,069,556	2,536,357.00	35.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	43,102,263	0	43,102,263	841,883.00	51.20	4.00
5.00	Subtotal wage-related costs (see inst.)	21,714,287	0	21,714,287	0.00	24.11	5.00
6.00	Total (sum of lines 3 thru 5)	154,968,962	-82,856	154,886,106	3,378,240.00	45.85	6.00
7.00	Total overhead cost (see instructions)	18,850,797	-1,091,533	17,759,264	516,379.00	34.39	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/22/2016 11:14 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,379,227 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			1,109,856 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			2,000,000 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			6,527,652 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			2,262,217 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			99,301 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			335,939 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			2,057,119 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			6,549,323 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			75,135 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			200 22.00
23.00	Tuition Reimbursement			332,698 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			22,728,667 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part V Date/Time Prepared: 11/22/2016 11:14 am
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		5,332,930	0
2.00	Hospital		5,332,930	0
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			0
9.00	Hospital-Based NF			0
10.00	Hospital-Based OLTC			0
11.00	Hospital-Based HHA			0
12.00	Separately Certified ASC			0
13.00	Hospital-Based Hospice			0
14.00	Hospital-Based Health Clinic RHC			0
15.00	Hospital-Based Health Clinic FQHC			0
16.00	Hospital-Based-CMHC			0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10
				Date/Time Prepared: 11/22/2016 11:14 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.289266	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		40,591,828	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		146,465,833	6.00
7.00	Medicaid cost (line 1 times line 6)		42,367,586	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,775,758	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		265,658	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,775,758	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	8,548,247	0	8,548,247
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,472,717	0	2,472,717
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	2,472,717	0	2,472,717
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		9,490,320	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		243,085	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		9,247,235	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,674,911	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,147,628	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,923,386	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

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

Worksheet A

Date/Time Prepared:
11/22/2016 11:14 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		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT		9,829,692	9,829,692	325,157	10,154,849	1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		8,105,801	8,105,801	0	8,105,801	2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	333,622	10,034,921	10,368,543	0	10,368,543	4.00	
5.01 00590 OTHER ADMINISTRATIVE AND GENERAL	2,899,191	69,101,865	72,001,056	-3,328,460	68,672,596	5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL	1,097,761	680,574	1,778,335	0	1,778,335	5.02	
5.03 00591 OTHER ADMINISTRATIVE AND GENERAL SBS	0	0	0	0	0	5.03	
6.00 00600 MAINTENANCE & REPAIRS	1,773,241	6,789,903	8,563,144	-1,726,967	6,836,177	6.00	
6.01 00601 MOB I	0	0	0	-114,499	-114,499	6.01	
6.02 00602 MOB II	0	0	0	-97,437	-97,437	6.02	
6.03 00603 BETT MED PARK	0	0	0	-80,277	-80,277	6.03	
6.04 00604 NW CLINICS	0	0	0	-70,693	-70,693	6.04	
6.05 00605 CPMP I	0	0	0	-204,981	-204,981	6.05	
6.06 00606 CPMP II	0	0	0	-147,343	-147,343	6.06	
6.07 00607 BETT PLAZA	0	0	0	-151,007	-151,007	6.07	
6.08 00608 HEART INSTITUTE	0	0	0	-217,075	-217,075	6.08	
6.09 00609 53RD STREET	0	0	0	-85,837	-85,837	6.09	
6.10 00610 ELDRI DGE	0	0	0	-32,974	-32,974	6.10	
7.00 00700 OPERATION OF PLANT	0	0	0	2,086,994	2,086,994	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	64,575	189,645	254,220	0	254,220	8.00	
9.00 00900 HOUSEKEEPING	0	3,684,026	3,684,026	357,091	4,041,117	9.00	
10.00 01000 DIETARY	0	3,124,779	3,124,779	-737,043	2,387,736	10.00	
11.00 01100 CAFETERIA	0	0	0	0	0	11.00	
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01	
13.00 01300 NURSING ADMINISTRATION	1,690,836	381,124	2,071,960	0	2,071,960	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	488,836	397,049	885,885	0	885,885	14.00	
15.00 01500 PHARMACY	5,228,391	968,568	6,196,959	0	6,196,959	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00	
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,972,172	2,972,172	22.00	
23.00 02300 PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	22,367,537	6,861,836	29,229,373	-2,587,113	26,642,260	30.00	
31.00 03100 INTENSIVE CARE UNIT	3,993,170	2,316,480	6,309,650	0	6,309,650	31.00	
32.01 03201 NICU	1,180,537	221,739	1,402,276	0	1,402,276	32.01	
40.00 04000 SUBPROVIDER - I PF	1,966,606	1,218,139	3,184,745	197,851	3,382,596	40.00	
41.00 04100 SUBPROVIDER - I RF	1,839,788	299,761	2,139,549	246,150	2,385,699	41.00	
43.00 04300 NURSERY	0	0	0	2,587,113	2,587,113	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	6,992,886	8,783,693	15,776,579	0	15,776,579	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,380,962	14,291,429	19,672,391	0	19,672,391	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	2,211,241	8,909,844	11,121,085	0	11,121,085	55.00	
57.00 05700 CT SCAN	625,306	406,566	1,031,872	0	1,031,872	57.00	
58.00 05800 MRI	267,983	359,984	627,967	0	627,967	58.00	
59.00 05900 CARDIAC CATHETERIZATION	2,602,039	3,265,679	5,867,718	0	5,867,718	59.00	
60.00 06000 LABORATORY	3,225,839	5,625,220	8,851,059	0	8,851,059	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	1,732,326	1,732,326	0	1,732,326	63.00	
65.00 06500 RESPIRATORY THERAPY	2,060,366	578,382	2,638,748	0	2,638,748	65.00	
66.00 06600 PHYSICAL THERAPY	10,851,473	2,691,648	13,543,121	-62,977	13,480,144	66.00	
69.00 06900 ELECTROCARDIOLOGY	2,238,114	1,523,796	3,761,910	0	3,761,910	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	730,926	291,118	1,022,044	0	1,022,044	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	39,878,518	39,878,518	-25,295,838	14,582,680	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	25,295,838	25,295,838	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	14,226,022	14,226,022	0	14,226,022	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 CLINICAL PSYCH	133,659	56,412	190,071	0	190,071	90.01	
90.02 09002 OP INSTITUTES	1,076,964	1,452,481	2,529,445	0	2,529,445	90.02	
90.03 09003 MARC	0	0	0	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	312,808	554,689	867,497	0	867,497	90.04	
90.05 09005 PAIN MANAGEMENT	625,660	340,004	965,664	0	965,664	90.05	
91.00 09100 EMERGENCY	5,569,629	3,381,781	8,951,410	0	8,951,410	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	89,829,946	232,555,494	322,385,440	-872,155	321,513,285	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,076	8,629	28,705	1,995	30,700	190.00	
190.01 19001 AUXILIARY	0	48,672	48,672	42,061	90,733	190.01	
190.02 19002 FIRST MED CLINICS	0	0	0	0	0	190.02	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

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

Worksheet A

Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	232,430	78,077	310,507	0	310,507	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	512,026	512,026	112,141	624,167	192.01
192.02	19202	FOUNDATION	0	0	0	3,307	3,307	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	44,540	6,431	50,971	0	50,971	192.03
192.04	19204	OUTREACH PROGRAMS	0	4,788,930	4,788,930	41,074	4,830,004	192.04
192.05	19205	PHASE III REHAB	0	0	0	19,226	19,226	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	652,351	652,351	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		TOTAL (SUM OF LINES 118-199)	90,126,992	237,998,259	328,125,251	0	328,125,251	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

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

Worksheet A
Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,502,390	7,652,459	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	8,105,801	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,579,663	6,788,880	4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL	-48,704,749	19,967,847	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	23,368,074	25,146,409	5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS	8,050,036	8,050,036	5.03
6.00	00600	MAINTENANCE & REPAIRS	-206,411	6,629,766	6.00
6.01	00601	MOB I	654,505	540,006	6.01
6.02	00602	MOB II	772,660	675,223	6.02
6.03	00603	BETT MED PARK	599,739	519,462	6.03
6.04	00604	NW CLINICS	354,203	283,510	6.04
6.05	00605	CPMP I	706,689	501,708	6.05
6.06	00606	CPMP II	807,419	660,076	6.06
6.07	00607	BETT PLAZA	886,363	735,356	6.07
6.08	00608	HEART INSTITUTE	1,509,047	1,291,972	6.08
6.09	00609	53RD STREET	273,593	187,756	6.09
6.10	00610	ELDRIDGE	156,997	124,023	6.10
7.00	00700	OPERATION OF PLANT	0	2,086,994	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-6,746	247,474	8.00
9.00	00900	HOUSEKEEPING	0	4,041,117	9.00
10.00	01000	DIETARY	-26,942	2,360,794	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	-9,325	2,062,635	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,982,995	3,868,880	14.00
15.00	01500	PHARMACY	-95,986	6,100,973	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,017,390	4,017,390	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,972,172	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	264,192	264,192	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-16,420	26,625,840	30.00
31.00	03100	INTENSIVE CARE UNIT	-515,098	5,794,552	31.00
32.01	03201	NICU	0	1,402,276	32.01
40.00	04000	SUBPROVIDER - I PF	-750	3,381,846	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,385,699	41.00
43.00	04300	NURSERY	0	2,587,113	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,361,397	14,415,182	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,329,264	16,343,127	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-458,420	10,662,665	55.00
57.00	05700	CT SCAN	0	1,031,872	57.00
58.00	05800	MRI	0	627,967	58.00
59.00	05900	CARDIAC CATHETERIZATION	-329,391	5,538,327	59.00
60.00	06000	LABORATORY	-42,200	8,808,859	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,732,326	63.00
65.00	06500	RESPIRATORY THERAPY	-72	2,638,676	65.00
66.00	06600	PHYSICAL THERAPY	-738,412	12,741,732	66.00
69.00	06900	ELECTROCARDIOLOGY	-937,277	2,824,633	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-98,580	923,464	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,582,680	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,295,838	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,226,022	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0	190,071	90.01
90.02	09002	OP INSTITUTES	-554,300	1,975,145	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARITRIC CLINIC	-488,901	378,596	90.04
90.05	09005	PAIN MANAGEMENT	-158,404	807,260	90.05
91.00	09100	EMERGENCY	-1,491,859	7,459,551	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-20,249,055	301,264,230	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	30,700	190.00
190.01	19001	AUXILIARY	-155	90,578	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	310,507	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

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

Worksheet A
Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	624,167	192.01
192.02	19202	FOUNDATION	0	3,307	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	50,971	192.03
192.04	19204	OUTREACH PROGRAMS	-55,206	4,774,798	192.04
192.05	19205	PHASE III REHAB	0	19,226	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	652,351	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	192.08
200.00		TOTAL (SUM OF LINES 118-199)	-20,304,416	307,820,835	200.00

RECLASSIFICATIONS

Provider CCN: 160033

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

Worksheet A-6

Date/Time Prepared:
11/22/2016 11:14 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PATIENT SWITCHBOARD COSTS					
1.00	NON REIMBURSEABLE COST	192.01	28,041	3,090	1.00
	TOTALS		28,041	3,090	
B - REHAB COORDINATOR					
1.00	SUBPROVIDER - IRF	41.00	54,815	8,162	1.00
	TOTALS		54,815	8,162	
C - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	325,157	1.00
	TOTALS		0	325,157	
D - HOUSEKEEPING/PLANT/MAINT COSTS					
1.00	MAINTENANCE & REPAIRS	6.00	0	360,027	1.00
2.00	HOUSEKEEPING	9.00	0	842,096	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
	TOTALS		0	1,202,123	
E - RESIDENT AND TEACHING COSTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,063,492	1,908,680	1.00
	TOTALS		1,063,492	1,908,680	
F - UTILITY EXPENSE					
1.00	OPERATION OF PLANT	7.00	0	2,086,994	1.00
	TOTALS		0	2,086,994	
G - HOUSEKEEPING RELCASS					
1.00	SUBPROVIDER - IPF	40.00	0	154,034	1.00
2.00	SUBPROVIDER - IRF	41.00	0	142,298	2.00
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,995	3.00
4.00	AUXILIARY	190.01	0	42,061	4.00
5.00	NON REIMBURSEABLE COST	192.01	0	81,010	5.00
6.00	FOUNDATION	192.02	0	3,307	6.00
7.00	OUTREACH PROGRAMS	192.04	0	41,074	7.00
8.00	PHASE III REHAB	192.05	0	19,226	8.00
	TOTALS		0	485,005	
H - NON-ALLOWABLE EMPLOYEE MEALS					
1.00	SUBPROVIDER - IPF	40.00	0	43,817	1.00
2.00	SUBPROVIDER - IRF	41.00	0	40,875	2.00
3.00	NON-ALLOWABLE MEALS	192.07	0	652,351	3.00
	TOTALS		0	737,043	
I - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	25,295,838	1.00
	TOTALS		0	25,295,838	
J - NURSERY					
1.00	NURSERY	43.00	2,022,066	565,047	1.00
	TOTALS		2,022,066	565,047	
500.00	Grand Total: Increases		3,168,414	32,617,139	500.00

RECLASSIFICATIONS

Provider CCN: 160033

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

Worksheet A-6
Date/Time Prepared:
11/22/2016 11:14 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - PATIENT SWITCHBOARD COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	28,041	3,090	0	1.00
	TOTALS		28,041	3,090		
B - REHAB COORDINATOR						
1.00	PHYSICAL THERAPY	66.00	54,815	8,162	0	1.00
	TOTALS		54,815	8,162		
C - PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	0	325,157	9	1.00
	TOTALS		0	325,157		
D - HOUSEKEEPING/PLANT/MAINT COSTS						
1.00	MOB I	6.01	0	114,499	0	1.00
2.00	MOB II	6.02	0	97,437	0	2.00
3.00	BETT MED PARK	6.03	0	80,277	0	3.00
4.00	NW CLINICS	6.04	0	70,693	0	4.00
5.00	CPMP I	6.05	0	204,981	0	5.00
6.00	CPMP II	6.06	0	147,343	0	6.00
7.00	BETT PLAZA	6.07	0	151,007	0	7.00
8.00	HEART INSTITUTE	6.08	0	217,075	0	8.00
9.00	53RD STREET	6.09	0	85,837	0	9.00
10.00	ELDRIDGE	6.10	0	32,974	0	10.00
	TOTALS		0	1,202,123		
E - RESIDENT AND TEACHING COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	1,063,492	1,908,680	0	1.00
	TOTALS		1,063,492	1,908,680		
F - UTILITY EXPENSE						
1.00	MAINTENANCE & REPAIRS	6.00	0	2,086,994	0	1.00
	TOTALS		0	2,086,994		
G - HOUSEKEEPING RELCASS						
1.00	HOUSEKEEPING	9.00	0	485,005	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	TOTALS		0	485,005		
H - NON-ALLOWABLE EMPLOYEE MEALS						
1.00	DIETARY	10.00	0	737,043	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	737,043		
I - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	25,295,838	0	1.00
	TOTALS		0	25,295,838		
J - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	2,022,066	565,047	0	1.00
	TOTALS		2,022,066	565,047		
500.00	Grand Total: Decreases		3,168,414	32,617,139		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

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

Worksheet A-7
Part I
Date/Time Prepared:
11/22/2016 11:14 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,810,593	460,986	0	460,986	0 1.00
2.00	Land Improvements	17,935,232	1,011,272	0	1,011,272	0 2.00
3.00	Buildings and Fixtures	196,624,691	3,432,095	0	3,432,095	0 3.00
4.00	Building Improvements	14,518,834	0	0	0	0 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	166,131,547	2,637,397	0	2,637,397	0 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	401,020,897	7,541,750	0	7,541,750	0 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	401,020,897	7,541,750	0	7,541,750	0 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,271,579	0			1.00
2.00	Land Improvements	18,946,504	0			2.00
3.00	Buildings and Fixtures	200,056,786	0			3.00
4.00	Building Improvements	14,518,834	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	168,768,944	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	408,562,647	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	408,562,647	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

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

Worksheet A-7
Part II
Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	9,829,692	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,105,801	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,935,493	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	9,829,692				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,105,801				2.00
3.00	Total (sum of lines 1-2)	0	17,935,493				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet A-7 Part III Date/Time Prepared: 11/22/2016 11:14 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	CAP REL COSTS-BLDG & FIXT	239,793,702	0	239,793,702	0.586920	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	168,768,944	0	168,768,944	0.413080	0	2.00
3.00	Total (sum of lines 1-2)	408,562,646	0	408,562,646	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,154,849	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,105,801	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,260,650	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-2,502,390	0	0	0	7,652,459	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,105,801	2.00
3.00	Total (sum of lines 1-2)	-2,502,390	0	0	0	15,758,260	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 160033

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

Worksheet A-8

Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			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)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,337,948					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	-2,726,150					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 ADMINISTRATION - RENTAL INCOME - REL	B	-12,616	0	OTHER ADMINISTRATIVE AND GENERAL	5.01		0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
			Cost Center			
			1.00	2.00		
34.00 ADMINISTRATION - MISCELLANEOUS REVENUE	B	-17,189	OTHER ADMINISTRATIVE AND GENERAL		5.01	0 34.00
35.00 ADMINISTRATION - DISCOUNTS EARNED	B	-197,887	OTHER ADMINISTRATIVE AND GENERAL		5.01	0 35.00
36.00 VOLUNTEER SERVICES - MISCELLANEOUS R	B	-1,089	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 36.00
37.00 MEDICAL STAFF - DAVENPORT - OTHER OP	B	-136,230	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 37.00
38.00 SMALL POX IMMUNIZATION PROJECT - MIS	B	-26,641	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 38.00
39.00 GROUNDS - MISCELLANEOUS REVENUE	B	-30,492	MAINTENANCE & REPAIRS		6.00	0 39.00
41.00 MAINTENANCE - MISCELLANEOUS REVENUE	B	-2,018	MAINTENANCE & REPAIRS		6.00	0 41.00
41.01 BIOMED SERVICES - MISCELLANEOUS REVENUE	B	-172,235	MAINTENANCE & REPAIRS		6.00	0 41.01
41.02 LINEN SERVICES - MISCELLANEOUS REVENUE	B	-218	LAUNDRY & LINEN SERVICE		8.00	0 41.02
41.03 PHARMACY - W - CASH SALES	B	-29,109	PHARMACY		15.00	0 41.03
41.04 PHARMACY - E - CASH SALES	B	-56,994	PHARMACY		15.00	0 41.04
42.00 BIRTH CENTER - MISCELLANEOUS REVENUE	B	-16,420	ADULTS & PEDIATRICS		30.00	0 42.00
42.01 ICU - WEST - MISCELLANEOUS REVENUE	B	-20,792	INTENSIVE CARE UNIT		31.00	0 42.01
42.02 ICU-CCU - MISCELLANEOUS REVENUE	B	-54,943	INTENSIVE CARE UNIT		31.00	0 42.02
42.03 ADULT PSYCHIATRIC - MISCELLANEOUS REVENUE	B	-750	SUBPROVIDER - I/PF		40.00	0 42.03
42.04 COP UNIT - MISCELLANEOUS REVENUE	B	-300	OPERATING ROOM		50.00	0 42.04
42.05 ANESTHESIA - MISCELLANEOUS REVENUE	B	-3,062	OPERATING ROOM		50.00	0 42.05
42.06 RADIOLOGY SERVICES ADMIN - E - MISCE	B	-2,077	RADIOLOGY-DIAGNOSTIC		54.00	0 42.06
43.00 RADIOLOGY - MISCELLANEOUS REVENUE	B	-50	RADIOLOGY-DIAGNOSTIC		54.00	0 43.00
43.01 RADIOLOGY SERVICES OUTREACH - MISCEL	B	-71,067	RADIOLOGY-DIAGNOSTIC		54.00	0 43.01
43.02 GIC-DG-GENRAD - OUTREACH REVENUE	B	-515,778	RADIOLOGY-DIAGNOSTIC		54.00	0 43.02
43.03 GIC-53RD ST-GENRAD - OUTREACH REVENUE	B	-2,458,651	RADIOLOGY-DIAGNOSTIC		54.00	0 43.03
43.04 CANCER CENTER - MISCELLANEOUS REVENUE	B	-14,421	RADIOLOGY-THERAPEUTIC		55.00	0 43.04
43.05 CARDIAC SERVICES ADMIN - MISCELLANEO	B	-76,800	CARDIAC CATHETERIZATION		59.00	0 43.05
43.06 PHYSICAL THERAPY - MISCELLANEOUS REV	B	-218	PHYSICAL THERAPY		66.00	0 43.06
43.07 P. T. CLINIC WEST-VALLEY FAIR - MISCE	B	-764	PHYSICAL THERAPY		66.00	0 43.07
43.08 REHAB O. P. (BETT) - MISCELLANEOUS REV	B	-143	PHYSICAL THERAPY		66.00	0 43.08
43.09 REHAB O. P. (BETT) - OTHER OPERATING R	B	-390	PHYSICAL THERAPY		66.00	0 43.09
43.10 LOMBARD PHYSICAL REHAB - MISCELLANEO	B	-33	PHYSICAL THERAPY		66.00	0 43.10
43.11 DAY REHAB PROGRAM - MISCELLANEOUS RE	B	-40	PHYSICAL THERAPY		66.00	0 43.11
43.12 SPORTS PERFORMANCE - MISCELLANEOUS R	B	-78,884	PHYSICAL THERAPY		66.00	0 43.12
43.13 REHAB PEDIATRICS (MMP) - MISCELLANEO	B	-994	PHYSICAL THERAPY		66.00	0 43.13
43.14 CARDIOGRAPHS - MISCELLANEOUS REVENUE	B	-1,840	ELECTROCARDIOLOGY		69.00	0 43.14
43.15 CARDIAC REHAB - MISCELLANEOUS REVENUE	B	-669	ELECTROCARDIOLOGY		69.00	0 43.15
43.16 DIABETES INSTITUTE - MISCELLANEOUS R	B	-91,395	OP INSTITUTES		90.02	0 43.16
43.17 WOUND OSTOMY INSTITUTE - MISCELLANEO	B	-101	OP INSTITUTES		90.02	0 43.17

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
43.18	PAIN MANAGEMENT - BETTENDORF - MISCE	B	-2,280	PAIN MANAGEMENT	90.05	0 43.18
43.19	EMERGENCY CARE CENTER - E - MISCELLA	B	-10	EMERGENCY	91.00	0 43.19
44.01	ADMINISTRATION - DONATIONS	A	-12,390	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 44.01
44.02	MEDICAL STAFF - DAVENPORT - DONATION	A	-200	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 44.02
44.03	DISTRIB. - W (USE 10.78020) - DONATE	A	-5,130	CENTRAL SERVICES & SUPPLY	14.00	0 44.03
44.04	DISTRIB. -E (USE 10.78020) - DONATED	A	-1,181	CENTRAL SERVICES & SUPPLY	14.00	0 44.04
44.05	OPERATING ROOMS-W/E - DONATED INVENT	A	-8,327	OPERATING ROOM	50.00	0 44.05
45.00	CARDIAC SERVICES ADMIN - DONATIONS	A	-5,000	CARDIAC CATHETERIZATION	59.00	0 45.00
45.01	P. T. CLINIC WEST-VALLEY FAIR - DONAT	A	-286	PHYSICAL THERAPY	66.00	0 45.01
45.02	GENESIS PT & SPORTS MEDICINE - DONAT	A	-286	PHYSICAL THERAPY	66.00	0 45.02
45.03	P. T. - LECLAIRE - DONATIONS	A	-286	PHYSICAL THERAPY	66.00	0 45.03
45.04	REHAB O. P. (BETT) - DONATIONS	A	-286	PHYSICAL THERAPY	66.00	0 45.04
45.05	LOMBARD PHYSICAL REHAB - DONATIONS	A	-286	PHYSICAL THERAPY	66.00	0 45.05
45.06	INTEREST INCOME	B	-2,463,514	CAP REL COSTS-BLDG & FIXT	1.00	11 45.06
45.07	INTEREST EXPENSE 97 BONDS	A	-38,876	CAP REL COSTS-BLDG & FIXT	1.00	11 45.07
45.08	ADVERTISING	A	-276,265	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 45.08
45.09	ADVERTISING	A	-146	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 45.09
45.10	ADVERTISING	A	-4,320	NURSING ADMINISTRATION	13.00	0 45.10
45.11	ADVERTISING	A	-14,692	RADIOLOGY-DIAGNOSTIC	54.00	0 45.11
45.12	ADVERTISING	A	-602	RADIOLOGY-THERAPEUTIC	55.00	0 45.12
45.13	ADVERTISING	A	-548	CARDIAC CATHETERIZATION	59.00	0 45.13
45.14	ADVERTISING	A	-86,256	PHYSICAL THERAPY	66.00	0 45.14
45.15	ADVERTISING	A	-17	ELECTROCARDIOLOGY	69.00	0 45.15
45.16	ADVERTISING	A	-315	ELECTROENCEPHALOGRAPHY	70.00	0 45.16
45.17	ADVERTISING	A	-1,917	OP INSTITUTES	90.02	0 45.17
45.18	ADVERTISING	A	-8,299	BARITRIC CLINIC	90.04	0 45.18
45.19	SELF INSURANCE OFFSET	A	-3,686,433	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.19
45.20	NON ALLOWABLE LOBBYING FEES	A	-36,298	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 45.20
45.21	PROVIDER TAX ASSESSMENT	A	-2,491,413	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 45.21
45.22	ALCOHOL PURCHASES	A	-1,159	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 45.22
45.23			0		0.00	0 45.23
45.24			0		0.00	0 45.24
45.25			0		0.00	0 45.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,304,416			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 160033

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

Worksheet A-8-1

Date/Time Prepared: 11/22/2016 11:14 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.01	OTHER ADMINISTRATIVE AND GEN	RELATED RENT EXP	0	144,055 1.00
2.00	6.00	MAINTENANCE & REPAIRS	RELATED RENT EXP	0	1,666 2.00
3.00	10.00	DIETARY	RELATED RENT EXP	0	26,942 3.00
4.00	13.00	NURSING ADMINISTRATION	RELATED RENT EXP	0	5,005 4.00
4.01	15.00	PHARMACY	RELATED RENT EXP	0	9,883 4.01
4.02	50.00	OPERATING ROOM	RELATED RENT EXP	0	393,720 4.02
4.03	54.00	RADIOLOGY-DIAGNOSTIC	RELATED RENT EXP	0	266,949 4.03
4.04	55.00	RADIOLOGY-THERAPEUTIC	RELATED RENT EXP	0	422,209 4.04
4.05	59.00	CARDIAC CATHETERIZATION	RELATED RENT EXP	0	40,792 4.05
4.06	66.00	PHYSICAL THERAPY	RELATED RENT EXP	0	569,260 4.06
4.07	69.00	ELECTROCARDIOLOGY	RELATED RENT EXP	0	490,225 4.07
4.08	90.02	OP INSTITUTE	RELATED RENT EXP	0	213,501 4.08
4.09	90.04	BARIATRIC CLINIC	RELATED RENT EXP	0	89,757 4.09
4.10	90.05	PAIN MANAGEMENT	RELATED RENT EXP	0	156,124 4.10
4.11	190.01	AUXILIARY	RELATED RENT EXP	0	155 4.11
4.12	192.04	OUTREACH PROGRAMS	RELATED RENT EXP	0	55,206 4.12
4.13	6.01	MOB I	GEN VEN BLDG COST	654,505	0 4.13
4.14	6.02	MOB II	GEN VEN BLDG COST	772,660	0 4.14
4.15	6.03	BETT MED PARK	GEN VEN BLDG COST	599,739	0 4.15
4.16	6.04	NW CLINICS	GEN VEN BLDG COST	354,203	0 4.16
4.17	6.05	CPMP I	GEN VEN BLDG COST	706,689	0 4.17
4.18	6.06	CPMP II	GEN VEN BLDG COST	807,419	0 4.18
4.19	6.07	BETT PLAZA	GEN VEN BLDG COST	886,363	0 4.19
4.20	6.08	HEART INSTITUTE	GEN VEN BLDG COST	1,509,047	0 4.20
4.21	6.09	53RD STREET	GEN VEN BLDG COST	273,593	0 4.21
4.22	6.10	ELDRIDGE	GEN VEN BLDG COST	156,997	0 4.22
4.23	5.01	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE A&G	12,387,347	49,257,483 4.23
4.24	5.02	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE A&G	23,568,678	0 4.24
4.25	5.03	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE A&G	8,050,036	0 4.25
4.26	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE A&G	2,989,306	0 4.26
4.27	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE A&G	4,017,390	0 4.27
4.28	23.00	PARAMED ED PRGM - PASTORAL C	PASTORAL CARE PROGRAM	264,192	0 4.28
4.29	5.01	OTHER ADMINISTRATIVE AND GEN	GHG PHYSICIAN PRACTICE	0	8,681,624 4.29
4.30	8.00	LAUNDRY & LINEN SERVICE	CRESCENT LAUNDRY	912,056	918,584 4.30
4.31	4.00	EMPLOYEE BENEFITS DEPARTMENT	EE PRESCRIPTION	1,774,758	1,667,988 4.31
4.32	22.00	I&R SERVICES-OTHER PRGM COST	I&R	2,972,172	2,972,172 4.32
4.33	0.00			0	0 4.33
4.34	0.00			0	0 4.34
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			63,657,150	66,383,300 5.00

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

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

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

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

6.00			0.00	0.00	6.00
7.00	C	GEN MED ED FOUN	100.00	GHS	100.00 7.00
8.00	C	GENESIS MEDICAL	100.00	GHS	100.00 8.00
9.00	C	EA IA LITHOTRIP	25.00	GHS	100.00 9.00
10.00			0.00		0.00 10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

Provider CCN: 160033

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2016 11:14 am

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

Provider CCN: 160033

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2016 11:14 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-144,055	0		1.00
2.00	-1,666	0		2.00
3.00	-26,942	0		3.00
4.00	-5,005	0		4.00
4.01	-9,883	0		4.01
4.02	-393,720	0		4.02
4.03	-266,949	0		4.03
4.04	-422,209	0		4.04
4.05	-40,792	0		4.05
4.06	-569,260	0		4.06
4.07	-490,225	0		4.07
4.08	-213,501	0		4.08
4.09	-89,757	0		4.09
4.10	-156,124	0		4.10
4.11	-155	0		4.11
4.12	-55,206	0		4.12
4.13	654,505	0		4.13
4.14	772,660	0		4.14
4.15	599,739	0		4.15
4.16	354,203	0		4.16
4.17	706,689	0		4.17
4.18	807,419	0		4.18
4.19	886,363	0		4.19
4.20	1,509,047	0		4.20
4.21	273,593	0		4.21
4.22	156,997	0		4.22
4.23	-36,870,136	0		4.23
4.24	23,568,678	0		4.24
4.25	8,050,036	0		4.25
4.26	2,989,306	0		4.26
4.27	4,017,390	0		4.27
4.28	264,192	0		4.28
4.29	-8,681,624	0		4.29
4.30	-6,528	0		4.30
4.31	106,770	0		4.31
4.32	0	0		4.32
4.33	0	0		4.33
4.34	0	0		4.34
5.00	-2,726,150			5.00

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

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

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

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

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

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

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

Provider CCN: 160033

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2016 11:14 am

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160033

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2016 11:14 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.01	AGGREGATE-OTHER ADMINISTRATIVE AND G	102,525	0	102,525	171,400	1,244	1.00
2.00	5.02	AGGREGATE-OTHER ADMINISTRATIVE AND G	98,450	0	98,450	171,400	1,195	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	42,000	0	42,000	171,400	510	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	457,465	439,363	18,102	171,400	220	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	955,988	955,988	0	204,100	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	5,300	0	5,300	231,100	48	6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	21,188	21,188	0	171,400	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	232,100	42,200	189,900	219,500	1,800	8.00
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	11,938	38	11,900	171,400	144	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	444,526	444,526	0	171,400	0	10.00
11.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	206,251	206,251	0	171,400	0	11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	112,438	98,225	14,213	171,400	172	12.00
13.00	90.02	AGGREGATE-OPINSTITUTES	247,386	247,386	0	171,400	0	13.00
14.00	90.04	AGGREGATE-BARIATRIC CLINIC	398,083	390,845	7,238	171,400	88	14.00
15.00	91.00	AGGREGATE-EMERGENCY	1,516,049	1,491,849	24,200	171,400	294	15.00
200.00			4,851,687	4,337,859	513,828		5,715	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.01	AGGREGATE-OTHER ADMINISTRATIVE AND G	102,510	5,126	0	0	0	1.00
2.00	5.02	AGGREGATE-OTHER ADMINISTRATIVE AND G	98,473	4,924	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	42,026	2,101	0	0	0	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	18,129	906	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	5,333	267	0	0	0	6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	189,952	9,498	0	0	0	8.00
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	11,866	593	0	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	14,173	709	0	0	0	12.00
13.00	90.02	AGGREGATE-OPINSTITUTES	0	0	0	0	0	13.00
14.00	90.04	AGGREGATE-BARIATRIC CLINIC	7,252	363	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	24,227	1,211	0	0	0	15.00
200.00			513,941	25,698	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.01	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	102,510	15	15	1.00
2.00	5.02	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	98,473	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	42,026	0	0	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	18,129	0	439,363	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	955,988	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	5,333	0	0	6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	21,188	7.00
8.00	60.00	AGGREGATE-LABORATORY	0	189,952	0	42,200	8.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160033

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2016 11:14 am

	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		
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	11,866	34	72		9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	444,526		10.00
11.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	206,251		11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	14,173	40	98,265		12.00
13.00	90.02	AGGREGATE-OP INSTITUTES	0	0	0	247,386		13.00
14.00	90.04	AGGREGATE-BARIATRIC CLINIC	0	7,252	0	390,845		14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	24,227	0	1,491,849		15.00
200.00			0	513,941	89	4,337,948		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	OTHER ADMINISTRATIVE AND GENERAL		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT	7,652,459	7,652,459				1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP	8,105,801		8,105,801			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	6,788,880	31,797	0	6,820,677		4.00	
5.01 00590 OTHER ADMINISTRATIVE AND GENERAL	19,967,847	854,225	414,552	137,310	21,373,934	5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL	25,146,409	147,854	76,081	83,386	21,373,934	5.02	
5.03 00591 OTHER ADMINISTRATIVE AND GENERAL SBS	8,050,036	0	0	0	0	5.03	
6.00 00600 MAINTENANCE & REPAIRS	6,629,766	872,750	241,989	134,695	0	6.00	
6.01 00601 MOB I	540,006	0	0	0	0	6.01	
6.02 00602 MOB II	675,223	0	0	0	0	6.02	
6.03 00603 BETT MED PARK	519,462	0	0	0	0	6.03	
6.04 00604 NW CLINICS	283,510	0	0	0	0	6.04	
6.05 00605 CPMP I	501,708	0	0	0	0	6.05	
6.06 00606 CPMP II	660,076	0	0	0	0	6.06	
6.07 00607 BETT PLAZA	735,356	0	0	0	0	6.07	
6.08 00608 HEART INSTITUTE	1,291,972	0	0	0	0	6.08	
6.09 00609 53RD STREET	187,756	22	0	0	0	6.09	
6.10 00610 ELDRI DGE	124,023	0	0	0	0	6.10	
7.00 00700 OPERATION OF PLANT	2,086,994	0	0	0	0	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	247,474	30,087	373	4,905	0	8.00	
9.00 00900 HOUSEKEEPING	4,041,117	57,824	302,888	0	0	9.00	
10.00 01000 DIETARY	2,360,794	162,208	31,211	0	0	10.00	
11.00 01100 CAFETERIA	0	81,910	0	0	0	11.00	
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01	
13.00 01300 NURSING ADMINISTRATION	2,062,635	40,756	27,884	128,436	0	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	3,868,880	213,545	568,313	37,132	0	14.00	
15.00 01500 PHARMACY	6,100,973	111,842	368,647	397,149	0	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	4,017,390	80,729	0	0	0	16.00	
17.00 01700 SOCIAL SERVICE	0	31,621	0	0	0	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	2,972,172	192,483	0	80,783	0	22.00	
23.00 02300 PARAMED ED PRGM - PASTORAL CARE	264,192	7,569	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	26,625,840	1,420,776	142,165	1,545,415	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	5,794,552	36,597	305,616	303,321	0	31.00	
32.01 03201 NICU	1,402,276	27,009	55,109	89,674	0	32.01	
40.00 04000 SUBPROVIDER - I PF	3,381,846	218,952	4,212	149,383	0	40.00	
41.00 04100 SUBPROVIDER - I RF	2,385,699	202,270	11,635	143,914	0	41.00	
43.00 04300 NURSERY	2,587,113	0	0	153,596	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	14,415,182	536,804	1,591,169	531,180	0	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,343,127	473,507	676,621	408,738	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	10,662,665	36,608	736,575	167,966	0	55.00	
57.00 05700 CT SCAN	1,031,872	18,867	155,136	47,498	0	57.00	
58.00 05800 MRI	627,967	28,267	427,431	20,356	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	5,538,327	119,488	1,008,087	197,651	0	59.00	
60.00 06000 LABORATORY	8,808,859	187,353	242,733	245,035	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,732,326	3,729	3,314	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	2,638,676	51,116	72,206	156,505	0	65.00	
66.00 06600 PHYSICAL THERAPY	12,741,732	677,917	143,987	820,114	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	2,824,633	82,318	178,058	170,007	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	923,464	57,703	106,339	55,521	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	14,582,680	8,716	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	25,295,838	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	14,226,022	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 CLINICAL PSYCH	190,071	0	0	10,153	0	90.01	
90.02 09002 OP INSTITUTES	1,975,145	42,808	31,807	81,806	0	90.02	
90.03 09003 MARC	0	0	0	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	378,596	18,260	9,304	23,761	0	90.04	
90.05 09005 PAIN MANAGEMENT	807,260	0	50,332	47,525	0	90.05	
91.00 09100 EMERGENCY	7,459,551	216,877	115,055	423,069	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	301,264,230	7,383,164	8,098,829	6,795,984	21,373,934	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	OTHER ADMINISTRATIVE AND GENERAL			
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00				4.00	5.01
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,700	2,836	0	1,525	0	190.00
190.01	19001	AUXILIARY	90,578	59,788	2,301	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	310,507	1,103	979	17,655	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	624,167	115,152	0	2,130	0	192.01
192.02	19202	FOUNDATION	3,307	4,700	1,152	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	50,971	0	0	3,383	0	192.03
192.04	19204	OUTREACH PROGRAMS	4,774,798	58,387	0	0	0	192.04
192.05	19205	PHASE III REHAB	19,226	27,329	2,337	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	652,351	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	203	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	307,820,835	7,652,459	8,105,801	6,820,677	21,373,934	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL SBS	MAINTENANCE & REPAIRS	MOB I	
		5A.01	5.02	5.03	6.00	6.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	46,827,664	46,827,664			5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS	8,050,036	1,444,643	9,494,679		5.03
6.00	00600	MAINTENANCE & REPAIRS	7,879,200	1,413,985	0	9,293,185	6.00
6.01	00601	MOB I	540,006	96,908	0	0	636,914
6.02	00602	MOB II	675,223	121,174	0	0	0
6.03	00603	BETT MED PARK	519,462	93,222	0	0	0
6.04	00604	NW CLINICS	283,510	50,878	0	0	0
6.05	00605	CPMP I	501,708	90,036	0	0	0
6.06	00606	CPMP II	660,076	118,456	0	0	0
6.07	00607	BETT PLAZA	735,356	131,966	0	0	0
6.08	00608	HEART INSTITUTE	1,291,972	231,855	0	0	0
6.09	00609	53RD STREET	187,778	33,698	0	36	0
6.10	00610	ELDRIDGE	124,023	22,257	0	0	0
7.00	00700	OPERATION OF PLANT	2,086,994	374,528	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	282,839	50,758	0	48,662	0
9.00	00900	HOUSEKEEPING	4,401,829	789,943	0	93,524	13,123
10.00	01000	DIETARY	2,554,213	458,374	0	262,352	0
11.00	01100	CAFETERIA	81,910	14,699	0	132,479	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,259,711	405,523	0	65,918	0
14.00	01400	CENTRAL SERVICES & SUPPLY	4,687,870	841,276	0	345,384	0
15.00	01500	PHARMACY	6,978,611	1,252,368	0	180,891	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,098,119	735,440	0	130,569	0
17.00	01700	SOCIAL SERVICE	31,621	5,675	0	51,143	3,974
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,245,438	582,420	0	311,318	0
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	271,761	48,770	0	12,241	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,734,196	5,336,145	800,619	2,297,933	0
31.00	03100	INTENSIVE CARE UNIT	6,440,086	1,155,725	163,296	59,191	0
32.01	03201	NI CU	1,574,068	282,479	49,367	43,684	0
40.00	04000	SUBPROVIDER - I PF	3,754,393	673,756	61,059	354,128	0
41.00	04100	SUBPROVIDER - I RF	2,743,518	492,346	68,238	327,146	0
43.00	04300	NURSERY	2,740,709	491,842	33,567	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,074,335	3,064,126	909,951	868,215	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,901,993	3,212,656	799,559	765,840	0
55.00	05500	RADIOLOGY-THERAPEUTIC	11,603,814	2,082,397	415,028	59,209	56,354
57.00	05700	CT SCAN	1,253,373	224,928	352,150	30,514	0
58.00	05800	MRI	1,104,021	198,125	134,998	45,718	0
59.00	05900	CARDIAC CATHETERIZATION	6,863,553	1,231,719	1,151,431	193,258	0
60.00	06000	LABORATORY	9,483,980	1,701,976	584,890	303,020	0
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	1,739,369	312,144	24,604	6,031	0
65.00	06500	RESPIRATORY THERAPY	2,918,503	523,749	245,699	82,674	0
66.00	06600	PHYSICAL THERAPY	14,383,750	2,581,279	369,422	1,096,448	2,157
69.00	06900	ELECTROCARDIOLOGY	3,255,016	584,139	212,270	133,139	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,143,027	205,125	65,030	93,328	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,591,396	2,618,543	647,813	14,097	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,295,838	4,539,540	862,268	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	14,226,022	2,552,973	778,022	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	200,224	35,932	4,683	0	0
90.02	09002	OP INSTITUTES	2,131,566	382,527	133,424	69,237	0
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARITRIC CLINIC	429,921	77,153	3,529	29,533	0
90.05	09005	PAIN MANAGEMENT	905,117	162,430	43,510	0	0
91.00	09100	EMERGENCY	8,214,552	1,474,167	580,252	350,773	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	300,963,270	45,606,773	9,494,679	8,857,633	75,608
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,061	6,292	0	4,586	0
190.01	19001	AUXILIARY	152,667	27,397	0	96,700	0
190.02	19002	FIRST MED CLINICS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
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To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL SBS	MAINTENANCE & REPAIRS	MOB I	
			5A.01	5.02	5.03	6.00	6.01	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	330,244	59,265	0	1,784	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	741,449	133,059	0	186,245	444,023	192.01
192.02	19202	FOUNDATION	9,159	1,644	0	7,602	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	54,354	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	4,833,185	867,354	0	94,434	117,283	192.04
192.05	19205	PHASE III REHAB	48,892	8,774	0	44,201	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	652,351	117,070	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	203	36	0	0	0	192.08
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)	307,820,835	46,827,664	9,494,679	9,293,185	636,914	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B
Part I
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11/22/2016 11:14 am

Cost Center Description		MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
		6.02	6.03	6.04	6.05	6.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602	796,397					6.02
6.03	00603		612,684				6.03
6.04	00604	0	0	334,388			6.04
6.05	00605	0	0	0	591,744		6.05
6.06	00606	0	0	0	0	778,532	6.06
6.07	00607	0	0	0	0	0	6.07
6.08	00608	0	0	0	0	0	6.08
6.09	00609	0	0	0	0	0	6.09
6.10	00610	0	0	0	0	0	6.10
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	4,096	694	0	565	0	9.00
10.00	01000	0	0	0	15,036	0	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	1,591	0	0	1,659	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	4,021	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,591	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
32.01	03201	0	0	0	0	0	32.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	194,886	0	50.00
54.00	05400	0	0	0	0	0	54.00
55.00	05500	1,030	0	0	141,492	21,202	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	1,625	27,334	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	0	0	0	0	0	90.05
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		8,308	694	0	355,263	52,557	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	0	90,368	132,382	0	0	190.02
190.03	19003	0	0	0	0	0	190.03
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
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Cost Center Description			MOB I I	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	788,089	521,622	202,006	236,481	725,975	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	796,397	612,684	334,388	591,744	778,532	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/22/2016 11:14 am				
Cost Center Description		BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT		
		6.07	6.08	6.09	6.10	7.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL					5.01	
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02	
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS					5.03	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	MOB I					6.01	
6.02	00602	MOB II					6.02	
6.03	00603	BETT MED PARK					6.03	
6.04	00604	NW CLINICS					6.04	
6.05	00605	CPMP I					6.05	
6.06	00606	CPMP II					6.06	
6.07	00607	BETT PLAZA	867,322				6.07	
6.08	00608	HEART INSTITUTE	0	1,523,827			6.08	
6.09	00609	53RD STREET	0	0	221,512		6.09	
6.10	00610	ELDRIDGE	0	0	0	146,280	6.10	
7.00	00700	OPERATION OF PLANT	0	0	0	0	2,461,522	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	12,889	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	24,772	9.00
10.00	01000	DIETARY	0	0	0	0	69,491	10.00
11.00	01100	CAFETERIA	0	0	0	0	35,090	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	17,460	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	91,483	14.00
15.00	01500	PHARMACY	0	0	0	0	47,914	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	32,496	0	0	0	34,585	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	13,546	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	82,460	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	3,242	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	608,665	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	15,678	31.00
32.01	03201	NI CU	0	0	0	0	11,571	32.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	93,799	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	86,653	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	229,968	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,942	0	0	0	202,852	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	15,683	55.00
57.00	05700	CT SCAN	0	0	0	0	8,082	57.00
58.00	05800	MRI	0	0	0	0	12,110	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	51,189	59.00
60.00	06000	LABORATORY	0	0	0	0	80,262	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,598	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	21,898	65.00
66.00	06600	PHYSICAL THERAPY	162,877	0	0	0	290,422	66.00
69.00	06900	ELECTROCARDIOLOGY	0	632,931	0	0	35,265	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	24,720	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,734	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	47,202	0	0	0	18,339	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	0	0	0	0	7,823	90.04
90.05	09005	PAIN MANAGEMENT	95,907	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	92,911	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	356,424	632,931	0	0	2,346,154	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,215	190.00
190.01	19001	AUXILIARY	0	0	0	0	25,613	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	473	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	510,898	890,896	221,512	146,280	49,332	192.01
192.02	19202	FOUNDATION	0	0	0	0	2,014	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	25,013	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	11,708	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	867,322	1,523,827	221,512	146,280	2,461,522	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/22/2016 11:14 am				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA		
		8.00	9.00	10.00	11.00	11.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL					5.01	
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02	
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS					5.03	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	MOB I					6.01	
6.02	00602	MOB II					6.02	
6.03	00603	BETT MED PARK					6.03	
6.04	00604	NW CLINICS					6.04	
6.05	00605	CPMP I					6.05	
6.06	00606	CPMP II					6.06	
6.07	00607	BETT PLAZA					6.07	
6.08	00608	HEART INSTITUTE					6.08	
6.09	00609	53RD STREET					6.09	
6.10	00610	ELDRIDGE					6.10	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	395,148				8.00	
9.00	00900	HOUSEKEEPING	0	5,328,546			9.00	
10.00	01000	DIETARY	0	174,002	3,533,468		10.00	
11.00	01100	CAFETERIA	0	87,865	2,714,534	3,066,577	11.00	
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	3,066,577	11.01	
13.00	01300	NURSING ADMINISTRATION	0	43,719	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	229,072	0	0	14.00	
15.00	01500	PHARMACY	0	119,974	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	86,599	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	33,920	0	0	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	206,478	0	0	22.00	
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	8,119	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	199,207	1,524,076	776,846	0	871,122	30.00
31.00	03100	INTENSIVE CARE UNIT	16,634	39,258	42,088	0	121,184	31.00
32.01	03201	NICU	2,191	28,973	0	0	38,761	32.01
40.00	04000	SUBPROVIDER - I PF	5,134	0	0	0	72,776	40.00
41.00	04100	SUBPROVIDER - I RF	12,185	0	0	0	74,044	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	54,942	575,833	0	0	238,495	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,940	507,934	0	0	216,971	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,436	39,269	0	0	63,698	55.00
57.00	05700	CT SCAN	2,377	20,238	0	0	21,677	57.00
58.00	05800	MRI	0	30,322	0	0	9,318	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,857	128,176	0	0	82,182	59.00
60.00	06000	LABORATORY	0	200,975	0	0	165,085	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,000	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	54,833	0	0	82,379	65.00
66.00	06600	PHYSICAL THERAPY	1,122	727,206	0	0	351,848	66.00
69.00	06900	ELECTROCARDIOLOGY	35	88,303	0	0	83,975	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,448	61,898	0	0	28,458	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,350	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	2,778	90.01
90.02	09002	OP INSTITUTES	1,343	45,921	0	0	41,802	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARiatric CLINIC	32	19,587	0	0	14,109	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	26,096	90.05
91.00	09100	EMERGENCY	55,237	232,646	0	0	208,659	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	395,120	5,328,546	3,533,468	3,066,577	3,056,318	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,291	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	7,787	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	1,181	192.03
192.04	19204	OUTREACH PROGRAMS	28	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	395,148	5,328,546	3,533,468	3,066,577	3,066,577	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	2,867,722					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,228,334				14.00
15.00	01500	PHARMACY	0	27,714	8,742,939			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,117,808		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	143,944	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,488,134	236,728	0	431,557	102,495	30.00
31.00	03100	INTENSIVE CARE UNIT	116,872	81,249	0	88,022	11,141	31.00
32.01	03201	NI CU	77,655	7,942	0	26,610	5,532	32.01
40.00	04000	SUBPROVIDER - I PF	96,517	1,160	0	32,913	11,341	40.00
41.00	04100	SUBPROVIDER - I RF	127,201	9,278	0	36,782	13,435	41.00
43.00	04300	NURSERY	0	0	0	18,094	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	343,625	516,473	0	490,490	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,480	75,395	0	430,986	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	39,682	11,035	2,862,440	223,712	0	55.00
57.00	05700	CT SCAN	18	16,035	0	189,819	0	57.00
58.00	05800	MRI	5	1,173	0	72,768	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	76,061	95,506	0	620,551	0	59.00
60.00	06000	LABORATORY	0	18,707	0	315,273	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	13,263	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	34,102	0	132,439	0	65.00
66.00	06600	PHYSICAL THERAPY	2,100	14,012	0	199,129	0	66.00
69.00	06900	ELECTROCARDIOLOGY	51,472	6,303	0	114,420	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,751	6,803	0	35,053	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,814,158	0	349,190	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,146,950	0	464,788	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,880,499	419,377	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	390	0	0	2,524	0	90.01
90.02	09002	OP INSTITUTES	49,984	22,158	0	71,920	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	13,409	64	0	1,902	0	90.04
90.05	09005	PAIN MANAGEMENT	30,423	7,043	0	23,453	0	90.05
91.00	09100	EMERGENCY	309,943	78,346	0	312,773	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,867,722	6,228,334	8,742,939	5,117,808	143,944	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
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To 06/30/2016

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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
			13.00	14.00	15.00	16.00	17.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	2,867,722	6,228,334	8,742,939	5,117,808	143,944	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00590	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03 00591	OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00 00600	MAINTENANCE & REPAIRS						6.00
6.01 00601	MOB I						6.01
6.02 00602	MOB II						6.02
6.03 00603	BETT MED PARK						6.03
6.04 00604	NW CLINICS						6.04
6.05 00605	CPMP I						6.05
6.06 00606	CPMP II						6.06
6.07 00607	BETT PLAZA						6.07
6.08 00608	HEART INSTITUTE						6.08
6.09 00609	53RD STREET						6.09
6.10 00610	ELDRIDGE						6.10
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
11.01 01101	EMPLOYEE CAFETERIA						11.01
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		4,428,114				22.00
23.00 02300	PARAMED PRGM - PASTORAL CARE			344,133			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	2,233,740	254,833	46,897,887	-2,233,740	30.00
31.00 03100	INTENSIVE CARE UNIT	0	131,292	27,699	8,509,415	-131,292	31.00
32.01 03201	NI CU	0	121,864	0	2,270,697	-121,864	32.01
40.00 04000	SUBPROVIDER - IPF	0	102,535	28,197	5,287,708	-102,535	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	33,404	4,024,230	0	41.00
43.00 04300	NURSERY	0	0	0	3,284,212	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	123,278	0	24,684,617	-123,278	50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	81,085	0	24,274,633	-81,085	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	17,642,481	0	55.00
57.00 05700	CT SCAN	0	0	0	2,119,211	0	57.00
58.00 05800	MRI	0	0	0	1,608,558	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	10,504,483	0	59.00
60.00 06000	LABORATORY	0	40,189	0	12,894,357	-40,189	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,101,009	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	4,096,276	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	20,181,772	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	5,197,268	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,673,641	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	20,048,281	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,309,384	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	62,936	0	23,919,829	-62,936	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01 09001	CLINICAL PSYCH	0	0	0	246,531	0	90.01
90.02 09002	OP INSTITUTES	0	0	0	3,044,382	0	90.02
90.03 09003	MARC	0	0	0	0	0	90.03
90.04 09004	BARIATRIC CLINIC	0	0	0	597,062	0	90.04
90.05 09005	PAIN MANAGEMENT	0	0	0	1,293,979	0	90.05
91.00 09100	EMERGENCY	0	215,678	0	12,125,937	-215,678	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,112,597	344,133	292,837,840	-3,112,597	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00	23.00					
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	48,445	0	190.00
190.01	19001	AUXILIARY	0	0	0	302,377	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	222,750	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	399,553	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,315,517	0	1,315,517	-1,315,517	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	5,797,867	0	192.01
192.02	19202	FOUNDATION	0	0	0	20,419	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	55,535	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	5,937,297	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	113,575	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	769,421	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	239	0	192.08
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)	0	4,428,114	344,133	307,820,835	-4,428,114	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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To 06/30/2016

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590 OTHER ADMINISTRATIVE AND GENERAL		5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL		5.02
5.03	00591 OTHER ADMINISTRATIVE AND GENERAL SBS		5.03
6.00	00600 MAINTENANCE & REPAIRS		6.00
6.01	00601 MOB I		6.01
6.02	00602 MOB II		6.02
6.03	00603 BETT MED PARK		6.03
6.04	00604 NW CLINICS		6.04
6.05	00605 CPMP I		6.05
6.06	00606 CPMP II		6.06
6.07	00607 BETT PLAZA		6.07
6.08	00608 HEART INSTITUTE		6.08
6.09	00609 53RD STREET		6.09
6.10	00610 ELDRI DGE		6.10
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
11.01	01101 EMPLOYEE CAFETERIA		11.01
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM - PASTORAL CARE		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	44,664,147	30.00
31.00	03100 INTENSIVE CARE UNIT	8,378,123	31.00
32.01	03201 NICU	2,148,833	32.01
40.00	04000 SUBPROVIDER - IPF	5,185,173	40.00
41.00	04100 SUBPROVIDER - IRF	4,024,230	41.00
43.00	04300 NURSERY	3,284,212	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	24,561,339	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,193,548	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	17,642,481	55.00
57.00	05700 CT SCAN	2,119,211	57.00
58.00	05800 MRI	1,608,558	58.00
59.00	05900 CARDIAC CATHETERIZATION	10,504,483	59.00
60.00	06000 LABORATORY	12,854,168	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,101,009	63.00
65.00	06500 RESPIRATORY THERAPY	4,096,276	65.00
66.00	06600 PHYSICAL THERAPY	20,181,772	66.00
69.00	06900 ELECTROCARDIOLOGY	5,197,268	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,673,641	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20,048,281	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	34,309,384	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,856,893	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001 CLINICAL PSYCH	246,531	90.01
90.02	09002 OP INSTITUTES	3,044,382	90.02
90.03	09003 MARC	0	90.03
90.04	09004 BARIATRIC CLINIC	597,062	90.04
90.05	09005 PAIN MANAGEMENT	1,293,979	90.05
91.00	09100 EMERGENCY	11,910,259	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	289,725,243	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,445	190.00
190.01	19001 AUXILIARY	302,377	190.01
190.02	19002 FIRST MED CLINICS	222,750	190.02
190.03	19003 EAP	0	190.03
191.00	19100 RESEARCH	399,553	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	5,797,867	192.01
192.02	19202	FOUNDATION	20,419	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	55,535	192.03
192.04	19204	OUTREACH PROGRAMS	5,937,297	192.04
192.05	19205	PHASE III REHAB	113,575	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	769,421	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	239	192.08
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	303,392,721	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	31,797	0	31,797	4.00
5.01 00590	OTHER ADMINISTRATIVE AND GENERAL	307,850	854,225	414,552	1,576,627	640 5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	30,184	147,854	76,081	254,119	389 5.02
5.03 00591	OTHER ADMINISTRATIVE AND GENERAL SBS	0	0	0	0	0 5.03
6.00 00600	MAINTENANCE & REPAIRS	99,255	872,750	241,989	1,213,994	628 6.00
6.01 00601	MOB I	654,505	0	0	654,505	0 6.01
6.02 00602	MOB II	772,660	0	0	772,660	0 6.02
6.03 00603	BETT MED PARK	599,739	0	0	599,739	0 6.03
6.04 00604	NW CLINICS	354,203	0	0	354,203	0 6.04
6.05 00605	CPMP I	706,689	0	0	706,689	0 6.05
6.06 00606	CPMP II	807,419	0	0	807,419	0 6.06
6.07 00607	BETT PLAZA	886,363	0	0	886,363	0 6.07
6.08 00608	HEART INSTITUTE	1,509,047	0	0	1,509,047	0 6.08
6.09 00609	53RD STREET	273,593	22	0	273,615	0 6.09
6.10 00610	ELDRIDGE	156,997	0	0	156,997	0 6.10
7.00 00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	10	30,087	373	30,470	23 8.00
9.00 00900	HOUSEKEEPING	14,605	57,824	302,888	375,317	0 9.00
10.00 01000	DIETARY	53,813	162,208	31,211	247,232	0 10.00
11.00 01100	CAFETERIA	0	81,910	0	81,910	0 11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
13.00 01300	NURSING ADMINISTRATION	22,133	40,756	27,884	90,773	599 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	24,012	213,545	568,313	805,870	173 14.00
15.00 01500	PHARMACY	44,841	111,842	368,647	525,330	1,851 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	80,729	0	80,729	0 16.00
17.00 01700	SOCIAL SERVICE	0	31,621	0	31,621	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	192,483	0	192,483	376 22.00
23.00 02300	PARAMED ED PRGM - PASTORAL CARE	0	7,569	0	7,569	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	392,331	1,420,776	142,165	1,955,272	7,212 30.00
31.00 03100	INTENSIVE CARE UNIT	72,086	36,597	305,616	414,299	1,414 31.00
32.01 03201	NICU	12,837	27,009	55,109	94,955	418 32.01
40.00 04000	SUBPROVIDER - I PF	9,013	218,952	4,212	232,177	696 40.00
41.00 04100	SUBPROVIDER - I RF	23,118	202,270	11,635	237,023	671 41.00
43.00 04300	NURSERY	0	0	0	0	716 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	831,212	536,804	1,591,169	2,959,185	2,475 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	299,920	473,507	676,621	1,450,048	1,905 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	480,077	36,608	736,575	1,253,260	783 55.00
57.00 05700	CT SCAN	0	18,867	155,136	174,003	221 57.00
58.00 05800	MRI	2,165	28,267	427,431	457,863	95 58.00
59.00 05900	CARDIAC CATHETERIZATION	205,944	119,488	1,008,087	1,333,519	921 59.00
60.00 06000	LABORATORY	7,850	187,353	242,733	437,936	1,142 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	3,729	3,314	7,043	0 63.00
65.00 06500	RESPIRATORY THERAPY	108,915	51,116	72,206	232,237	729 65.00
66.00 06600	PHYSICAL THERAPY	1,169,895	677,917	143,987	1,991,799	3,822 66.00
69.00 06900	ELECTROCARDIOLOGY	595,474	82,318	178,058	855,850	792 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	16,176	57,703	106,339	180,218	259 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,716	0	8,716	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	CLINICAL PSYCH	2,849	0	0	2,849	47 90.01
90.02 09002	OP INSTITUTES	231,048	42,808	31,807	305,663	381 90.02
90.03 09003	MARC	0	0	0	0	0 90.03
90.04 09004	BARITRIC CLINIC	99,088	18,260	9,304	126,652	111 90.04
90.05 09005	PAIN MANAGEMENT	176,412	0	50,332	226,744	221 90.05
91.00 09100	EMERGENCY	89,938	216,877	115,055	421,870	1,972 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,144,266	7,383,164	8,098,829	27,626,259	31,682 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,836	0	2,836	7 190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
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To 06/30/2016

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
190.01 19001 AUXILIARY	2,335	59,788	2,301	64,424		0 190.01
190.02 19002 FIRST MED CLINICS	0	0	0	0		0 190.02
190.03 19003 EAP	0	0	0	0		0 190.03
191.00 19100 RESEARCH	0	1,103	979	2,082		82 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0 192.00
192.01 19201 NON REIMBURSEABLE COST	469	115,152	0	115,621		10 192.01
192.02 19202 FOUNDATION	0	4,700	1,152	5,852		0 192.02
192.03 19203 BIO MED SERVICES - OUTREACH	960	0	0	960		16 192.03
192.04 19204 OUTREACH PROGRAMS	55,725	58,387	0	114,112		0 192.04
192.05 19205 PHASE III REHAB	0	27,329	2,337	29,666		0 192.05
192.06 19206 AFFILIATES	0	0	0	0		0 192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	0	0		0 192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	1,390	0	203	1,593		0 192.08
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	12,205,145	7,652,459	8,105,801	27,963,405		31,797 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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To 06/30/2016

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL SBS	MAINTENANCE & REPAIRS	MOB I	
		5.01	5.02	5.03	6.00	6.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590	1,577,267					5.01
5.02	00560	1,577,267	1,831,775				5.02
5.03	00591	0	56,511	56,511			5.03
6.00	00600	0	55,312	0	1,269,934		6.00
6.01	00601	0	3,791	0	0	658,296	6.01
6.02	00602	0	4,740	0	0	0	6.02
6.03	00603	0	3,647	0	0	0	6.03
6.04	00604	0	1,990	0	0	0	6.04
6.05	00605	0	3,522	0	0	0	6.05
6.06	00606	0	4,634	0	0	0	6.06
6.07	00607	0	5,162	0	0	0	6.07
6.08	00608	0	9,070	0	0	0	6.08
6.09	00609	0	1,318	0	5	0	6.09
6.10	00610	0	871	0	0	0	6.10
7.00	00700	0	14,651	0	0	0	7.00
8.00	00800	0	1,986	0	6,650	0	8.00
9.00	00900	0	30,901	0	12,780	13,564	9.00
10.00	01000	0	17,931	0	35,851	0	10.00
11.00	01100	0	575	0	18,104	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	0	15,863	0	9,008	0	13.00
14.00	01400	0	32,909	0	47,197	0	14.00
15.00	01500	0	48,990	0	24,719	0	15.00
16.00	01600	0	28,769	0	17,843	0	16.00
17.00	01700	0	222	0	6,989	4,108	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	22,783	0	42,542	0	22.00
23.00	02300	0	1,908	0	1,673	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	208,715	4,729	314,018	0	30.00
31.00	03100	0	45,209	965	8,089	0	31.00
32.01	03201	0	11,050	292	5,969	0	32.01
40.00	04000	0	26,356	361	48,392	0	40.00
41.00	04100	0	19,259	403	44,705	0	41.00
43.00	04300	0	19,240	198	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	119,862	5,375	118,643	0	50.00
54.00	05400	0	125,672	4,723	104,654	0	54.00
55.00	05500	0	81,459	2,452	8,091	58,246	55.00
57.00	05700	0	8,799	2,080	4,170	0	57.00
58.00	05800	0	7,750	797	6,247	0	58.00
59.00	05900	0	48,182	7,226	26,409	0	59.00
60.00	06000	0	66,578	3,455	41,408	0	60.00
63.00	06300	0	12,210	145	824	0	63.00
65.00	06500	0	20,488	1,451	11,298	0	65.00
66.00	06600	0	100,974	2,182	149,832	2,230	66.00
69.00	06900	0	22,850	1,254	18,194	0	69.00
70.00	07000	0	8,024	384	12,753	0	70.00
71.00	07100	0	102,432	3,827	1,926	0	71.00
72.00	07200	0	177,577	5,094	0	0	72.00
73.00	07300	0	99,867	4,596	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	1,406	28	0	0	90.01
90.02	09002	0	14,964	788	9,461	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	3,018	21	4,036	0	90.04
90.05	09005	0	6,354	257	0	0	90.05
91.00	09100	0	57,666	3,428	47,934	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		1,577,267	1,784,017	56,511	1,210,414	78,148	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	246	0	627	0	190.00
190.01	19001	0	1,072	0	13,214	0	190.01
190.02	19002	0	0	0	0	0	190.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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Cost Center Description			OTHER	OTHER	OTHER	MAINTENANCE & REPAIRS	MOB I	
			ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE AND GENERAL SBS			
			5.01	5.02	5.03	6.00	6.01	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	2,318	0	244	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	5,205	0	25,451	458,928	192.01
192.02	19202	FOUNDATION	0	64	0	1,039	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	33,929	0	12,905	121,220	192.04
192.05	19205	PHASE III REHAB	0	343	0	6,040	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	4,580	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	1	0	0	0	192.08
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)	1,577,267	1,831,775	56,511	1,269,934	658,296	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033			Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/22/2016 11:14 am	
Cost Center Description		MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II		
		6.02	6.03	6.04	6.05	6.06		
GENERAL SERVICE COST CENTERS								
1.00	00100							1.00
2.00	00200							2.00
4.00	00400							4.00
5.01	00590							5.01
5.02	00560							5.02
5.03	00591							5.03
6.00	00600							6.00
6.01	00601							6.01
6.02	00602	777,400						6.02
6.03	00603		603,386					6.03
6.04	00604			356,193				6.04
6.05	00605				710,211			6.05
6.06	00606					812,053		6.06
6.07	00607							6.07
6.08	00608							6.08
6.09	00609							6.09
6.10	00610							6.10
7.00	00700							7.00
8.00	00800							8.00
9.00	00900	3,998	684		678			9.00
10.00	01000				18,047			10.00
11.00	01100							11.00
11.01	01101							11.01
13.00	01300	1,554			1,991			13.00
14.00	01400							14.00
15.00	01500							15.00
16.00	01600							16.00
17.00	01700						4,194	17.00
21.00	02100							21.00
22.00	02200							22.00
23.00	02300							23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	1,554						30.00
31.00	03100							31.00
32.01	03201							32.01
40.00	04000							40.00
41.00	04100							41.00
43.00	04300							43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000				233,902			50.00
54.00	05400							54.00
55.00	05500	1,005			169,819	22,115		55.00
57.00	05700							57.00
58.00	05800							58.00
59.00	05900							59.00
60.00	06000							60.00
63.00	06300							63.00
65.00	06500							65.00
66.00	06600							66.00
69.00	06900							69.00
70.00	07000							70.00
71.00	07100							71.00
72.00	07200							72.00
73.00	07300							73.00
74.00	07400							74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001							90.01
90.02	09002				1,950	28,510		90.02
90.03	09003							90.03
90.04	09004							90.04
90.05	09005							90.05
91.00	09100							91.00
92.00	09200							92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500							95.00
SPECIAL PURPOSE COST CENTERS								
118.00		8,111	684		426,387	54,819		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000							190.00
190.01	19001							190.01
190.02	19002		88,997	141,014				190.02
190.03	19003							190.03
191.00	19100							191.00
192.00	19200							192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
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Cost Center Description			MOB I I	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	769,289	513,705	215,179	283,824	757,234	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	777,400	603,386	356,193	710,211	812,053	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 11:14 am			
Cost Center Description		BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
		6.07	6.08	6.09	6.10	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA	891,525				6.07
6.08	00608	HEART INSTITUTE	0	1,518,117			6.08
6.09	00609	53RD STREET	0	0	274,938		6.09
6.10	00610	ELDRIDGE	0	0	0	157,868	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	14,651
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	77
9.00	00900	HOUSEKEEPING	0	0	0	0	147
10.00	01000	DIETARY	0	0	0	0	414
11.00	01100	CAFETERIA	0	0	0	0	209
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	104
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	545
15.00	01500	PHARMACY	0	0	0	0	285
16.00	01600	MEDICAL RECORDS & LIBRARY	33,402	0	0	0	206
17.00	01700	SOCIAL SERVICE	0	0	0	0	81
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	491
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	19
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	3,621
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	93
32.01	03201	NICU	0	0	0	0	69
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	558
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	516
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	1,369
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,443	0	0	0	1,207
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	93
57.00	05700	CT SCAN	0	0	0	0	48
58.00	05800	MRI	0	0	0	0	72
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	305
60.00	06000	LABORATORY	0	0	0	0	478
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	10
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	130
66.00	06600	PHYSICAL THERAPY	167,422	0	0	0	1,729
69.00	06900	ELECTROCARDIOLOGY	0	630,559	0	0	210
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	147
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	22
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	0
90.02	09002	OP INSTITUTES	48,519	0	0	0	109
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARITRIC CLINIC	0	0	0	0	47
90.05	09005	PAIN MANAGEMENT	98,584	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	553
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	366,370	630,559	0	0	13,964
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	7
190.01	19001	AUXILIARY	0	0	0	0	152
190.02	19002	FIRST MED CLINICS	0	0	0	0	0
190.03	19003	EAP	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	3

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 160033		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/22/2016 11:14 am		
Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT		
			6.07	6.08	6.09	6.10	7.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	525,155	887,558	274,938	157,868	294	192.01	192.01
192.02	19202	FOUNDATION	0	0	0	0	12	192.02	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	149	192.04	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	70	192.05	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08	192.08
200.00		Cross Foot Adjustments						200.00	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00	201.00
202.00		TOTAL (sum lines 118-201)	891,525	1,518,117	274,938	157,868	14,651	202.00	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 11:14 am				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA		
		8.00	9.00	10.00	11.00	11.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL					5.01	
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02	
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS					5.03	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	MOB I					6.01	
6.02	00602	MOB II					6.02	
6.03	00603	BETT MED PARK					6.03	
6.04	00604	NW CLINICS					6.04	
6.05	00605	CPMP I					6.05	
6.06	00606	CPMP II					6.06	
6.07	00607	BETT PLAZA					6.07	
6.08	00608	HEART INSTITUTE					6.08	
6.09	00609	53RD STREET					6.09	
6.10	00610	ELDRIDGE					6.10	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	39,206				8.00	
9.00	00900	HOUSEKEEPING	0	438,069			9.00	
10.00	01000	DIETARY	0	14,305	333,780		10.00	
11.00	01100	CAFETERIA	0	7,224	256,421	364,443	11.00	
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	364,443	11.01	
13.00	01300	NURSING ADMINISTRATION	0	3,594	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,832	0	0	14.00	
15.00	01500	PHARMACY	0	9,863	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,119	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	2,789	0	0	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	16,975	0	0	22.00	
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	667	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,766	125,298	73,383	0	103,528	30.00
31.00	03100	INTENSIVE CARE UNIT	1,650	3,227	3,976	0	14,402	31.00
32.01	03201	NICU	217	2,382	0	0	4,607	32.01
40.00	04000	SUBPROVIDER - IPF	509	0	0	0	8,649	40.00
41.00	04100	SUBPROVIDER - IRF	1,209	0	0	0	8,800	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,451	47,340	0	0	28,344	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,177	41,758	0	0	25,786	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	639	3,228	0	0	7,570	55.00
57.00	05700	CT SCAN	236	1,664	0	0	2,576	57.00
58.00	05800	MRI	0	2,493	0	0	1,107	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,077	10,538	0	0	9,767	59.00
60.00	06000	LABORATORY	0	16,522	0	0	19,619	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	329	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,508	0	0	9,790	65.00
66.00	06600	PHYSICAL THERAPY	111	59,785	0	0	41,815	66.00
69.00	06900	ELECTROCARDIOLOGY	3	7,260	0	0	9,980	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	541	5,089	0	0	3,382	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	769	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	330	90.01
90.02	09002	OP INSTITUTES	133	3,775	0	0	4,968	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	3	1,610	0	0	1,677	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	3,101	90.05
91.00	09100	EMERGENCY	5,481	19,126	0	0	24,798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	39,203	438,069	333,780	364,443	363,225	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	153	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	925	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2015
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	140	192.03
192.04	19204	OUTREACH PROGRAMS	3	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	39,206	438,069	333,780	364,443	364,443	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 11:14 am				
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL				5.01		
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL				5.02		
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS				5.03		
6.00	00600	MAINTENANCE & REPAIRS				6.00		
6.01	00601	MOB I				6.01		
6.02	00602	MOB II				6.02		
6.03	00603	BETT MED PARK				6.03		
6.04	00604	NW CLINICS				6.04		
6.05	00605	CPMP I				6.05		
6.06	00606	CPMP II				6.06		
6.07	00607	BETT PLAZA				6.07		
6.08	00608	HEART INSTITUTE				6.08		
6.09	00609	53RD STREET				6.09		
6.10	00610	ELDRIDGE				6.10		
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		
11.01	01101	EMPLOYEE CAFETERIA				11.01		
13.00	01300	NURSING ADMINISTRATION	132,060			13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	0	909,477		14.00		
15.00	01500	PHARMACY	0	4,047	631,184	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	168,068	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	50,009	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,529	34,568	0	14,188	35,608	30.00
31.00	03100	INTENSIVE CARE UNIT	5,382	11,864	0	2,894	3,871	31.00
32.01	03201	NICU	3,576	1,160	0	875	1,922	32.01
40.00	04000	SUBPROVIDER - I PF	4,445	169	0	1,082	3,940	40.00
41.00	04100	SUBPROVIDER - I RF	5,858	1,355	0	1,209	4,668	41.00
43.00	04300	NURSERY	0	0	0	595	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,824	75,417	0	16,126	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,818	11,009	0	14,169	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,827	1,611	206,649	7,355	0	55.00
57.00	05700	CT SCAN	1	2,342	0	6,241	0	57.00
58.00	05800	MRI	0	171	0	2,392	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,503	13,946	0	20,213	0	59.00
60.00	06000	LABORATORY	0	2,732	0	10,365	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	436	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,980	0	4,354	0	65.00
66.00	06600	PHYSICAL THERAPY	97	2,046	0	6,547	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,370	920	0	3,762	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	219	993	0	1,152	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	264,909	0	11,480	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	459,525	0	15,281	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	424,535	13,788	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	18	0	0	83	0	90.01
90.02	09002	OP INSTITUTES	2,302	3,236	0	2,364	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	617	9	0	63	0	90.04
90.05	09005	PAIN MANAGEMENT	1,401	1,028	0	771	0	90.05
91.00	09100	EMERGENCY	14,273	11,440	0	10,283	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	132,060	909,477	631,184	168,068	50,009	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
			13.00	14.00	15.00	16.00	17.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	132,060	909,477	631,184	168,068	50,009	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 11:14 am
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00590 OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03 00591 OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00 00600 MAINTENANCE & REPAIRS						6.00
6.01 00601 MOB I						6.01
6.02 00602 MOB II						6.02
6.03 00603 BETT MED PARK						6.03
6.04 00604 NW CLINICS						6.04
6.05 00605 CPMP I						6.05
6.06 00606 CPMP II						6.06
6.07 00607 BETT PLAZA						6.07
6.08 00608 HEART INSTITUTE						6.08
6.09 00609 53RD STREET						6.09
6.10 00610 ELDRI DGE						6.10
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		275,650				22.00
23.00 02300 PARAMED PRGM - PASTORAL CARE			11,836			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS					2,969,989	0 30.00
31.00 03100 INTENSIVE CARE UNIT					517,335	0 31.00
32.01 03201 NICU					127,492	0 32.01
40.00 04000 SUBPROVIDER - IPF					327,334	0 40.00
41.00 04100 SUBPROVIDER - IRF					325,676	0 41.00
43.00 04300 NURSERY					20,749	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM					3,629,313	0 50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC					1,803,369	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC					1,826,202	0 55.00
57.00 05700 CT SCAN					202,381	0 57.00
58.00 05800 MRI					478,987	0 58.00
59.00 05900 CARDIAC CATHETERIZATION					1,475,606	0 59.00
60.00 06000 LABORATORY					600,235	0 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.					20,997	0 63.00
65.00 06500 RESPIRATORY THERAPY					289,965	0 65.00
66.00 06600 PHYSICAL THERAPY					2,530,391	0 66.00
69.00 06900 ELECTROCARDIOLOGY					1,554,004	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY					213,161	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT					394,081	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS					657,477	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					542,786	0 73.00
74.00 07400 RENAL DIALYSIS					0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH					4,761	0 90.01
90.02 09002 OP INSTITUTES					427,123	0 90.02
90.03 09003 MARC					0	0 90.03
90.04 09004 BARIATRIC CLINIC					137,864	0 90.04
90.05 09005 PAIN MANAGEMENT					338,461	0 90.05
91.00 09100 EMERGENCY					618,824	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES					0	0 95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	22,034,563	0 118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			3,876	0
190.01	19001	AUXILIARY			78,862	0
190.02	19002	FIRST MED CLINICS			230,011	0
190.03	19003	EAP			0	0
191.00	19100	RESEARCH			5,654	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0
192.01	19201	NON REIMBURSEABLE COST			4,990,259	0
192.02	19202	FOUNDATION			6,967	0
192.03	19203	BIO MED SERVICES - OUTREACH			1,116	0
192.04	19204	OUTREACH PROGRAMS			282,318	0
192.05	19205	PHASE III REHAB			36,119	0
192.06	19206	AFFILIATES			0	0
192.07	19207	NON-ALLOWABLE MEALS			4,580	0
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH			1,594	0
200.00		Cross Foot Adjustments	0	275,650	11,836	287,486
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	275,650	11,836	27,963,405

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590 OTHER ADMINISTRATIVE AND GENERAL		5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL		5.02
5.03	00591 OTHER ADMINISTRATIVE AND GENERAL SBS		5.03
6.00	00600 MAINTENANCE & REPAIRS		6.00
6.01	00601 MOB I		6.01
6.02	00602 MOB II		6.02
6.03	00603 BETT MED PARK		6.03
6.04	00604 NW CLINICS		6.04
6.05	00605 CPMP I		6.05
6.06	00606 CPMP II		6.06
6.07	00607 BETT PLAZA		6.07
6.08	00608 HEART INSTITUTE		6.08
6.09	00609 53RD STREET		6.09
6.10	00610 ELDRI DGE		6.10
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
11.01	01101 EMPLOYEE CAFETERIA		11.01
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM - PASTORAL CARE		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	2,969,989	30.00
31.00	03100 INTENSIVE CARE UNIT	517,335	31.00
32.01	03201 NICU	127,492	32.01
40.00	04000 SUBPROVIDER - I PF	327,334	40.00
41.00	04100 SUBPROVIDER - I RF	325,676	41.00
43.00	04300 NURSERY	20,749	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	3,629,313	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,803,369	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,826,202	55.00
57.00	05700 CT SCAN	202,381	57.00
58.00	05800 MRI	478,987	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,475,606	59.00
60.00	06000 LABORATORY	600,235	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	20,997	63.00
65.00	06500 RESPIRATORY THERAPY	289,965	65.00
66.00	06600 PHYSICAL THERAPY	2,530,391	66.00
69.00	06900 ELECTROCARDIOLOGY	1,554,004	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	213,161	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	394,081	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	657,477	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	542,786	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001 CLINICAL PSYCH	4,761	90.01
90.02	09002 OP INSTITUTES	427,123	90.02
90.03	09003 MARC	0	90.03
90.04	09004 BARIATRIC CLINIC	137,864	90.04
90.05	09005 PAIN MANAGEMENT	338,461	90.05
91.00	09100 EMERGENCY	618,824	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	22,034,563	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,876	190.00
190.01	19001 AUXILIARY	78,862	190.01
190.02	19002 FIRST MED CLINICS	230,011	190.02
190.03	19003 EAP	0	190.03
191.00	19100 RESEARCH	5,654	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	4,990,259	192.01
192.02	19202	FOUNDATION	6,967	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	1,116	192.03
192.04	19204	OUTREACH PROGRAMS	282,318	192.04
192.05	19205	PHASE III REHAB	36,119	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	4,580	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	1,594	192.08
200.00		Cross Foot Adjustments	287,486	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	27,963,405	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared: 11/22/2016 11:14 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	OTHER ADMINISTRATIVE AND GENERAL (TOTAL COST)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	693,592				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,713,906			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,882	0	89,793,370		4.00
5.01 00590	OTHER ADMINISTRATIVE AND GENERAL	77,424	394,509	1,807,658	100	5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	13,401	72,403	1,097,761	100	-46,827,664 5.02
5.03 00591	OTHER ADMINISTRATIVE AND GENERAL SBS	0	0	0	0	0 5.03
6.00 00600	MAINTENANCE & REPAIRS	79,103	230,289	1,773,241	0	0 6.00
6.01 00601	MOB I	0	0	0	0	0 6.01
6.02 00602	MOB II	0	0	0	0	0 6.02
6.03 00603	BETT MED PARK	0	0	0	0	0 6.03
6.04 00604	NW CLINICS	0	0	0	0	0 6.04
6.05 00605	CPMP I	0	0	0	0	0 6.05
6.06 00606	CPMP II	0	0	0	0	0 6.06
6.07 00607	BETT PLAZA	0	0	0	0	0 6.07
6.08 00608	HEART INSTITUTE	0	0	0	0	0 6.08
6.09 00609	53RD STREET	2	0	0	0	0 6.09
6.10 00610	ELDRIDGE	0	0	0	0	0 6.10
7.00 00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,727	355	64,575	0	0 8.00
9.00 00900	HOUSEKEEPING	5,241	288,244	0	0	0 9.00
10.00 01000	DIETARY	14,702	29,702	0	0	0 10.00
11.00 01100	CAFETERIA	7,424	0	0	0	0 11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
13.00 01300	NURSING ADMINISTRATION	3,694	26,536	1,690,836	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	19,355	540,836	488,836	0	0 14.00
15.00 01500	PHARMACY	10,137	350,824	5,228,391	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,317	0	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	2,866	0	0	0	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,446	0	1,063,492	0	0 22.00
23.00 02300	PARAMED ED PRGM - PASTORAL CARE	686	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	128,774	135,292	20,345,471	0	0 30.00
31.00 03100	INTENSIVE CARE UNIT	3,317	290,840	3,993,170	0	0 31.00
32.01 03201	NI CU	2,448	52,445	1,180,537	0	0 32.01
40.00 04000	SUBPROVIDER - I PF	19,845	4,008	1,966,606	0	0 40.00
41.00 04100	SUBPROVIDER - I RF	18,333	11,072	1,894,603	0	0 41.00
43.00 04300	NURSERY	0	0	2,022,066	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	48,654	1,514,242	6,992,886	0	0 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	42,917	643,908	5,380,962	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,318	700,963	2,211,241	0	0 55.00
57.00 05700	CT SCAN	1,710	147,636	625,306	0	0 57.00
58.00 05800	MRI	2,562	406,766	267,983	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	10,830	959,348	2,602,039	0	0 59.00
60.00 06000	LABORATORY	16,981	230,997	3,225,839	0	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	338	3,154	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	4,633	68,715	2,060,366	0	0 65.00
66.00 06600	PHYSICAL THERAPY	61,444	137,026	10,796,658	0	0 66.00
69.00 06900	ELECTROCARDIOLOGY	7,461	169,449	2,238,114	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	5,230	101,198	730,926	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	CLINICAL PSYCH	0	0	133,659	0	0 90.01
90.02 09002	OP INSTITUTES	3,880	30,269	1,076,964	0	0 90.02
90.03 09003	MARC	0	0	0	0	0 90.03
90.04 09004	BARIATRIC CLINIC	1,655	8,854	312,808	0	0 90.04
90.05 09005	PAIN MANAGEMENT	0	47,899	625,660	0	0 90.05
91.00 09100	EMERGENCY	19,657	109,492	5,569,629	0	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	669,184	7,707,271	89,468,283	100	-46,827,664 118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	OTHER ADMINISTRATIVE AND GENERAL (TOTAL COST)	Reconciliation		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	257	0	20,076	0	190.00
190.01	19001	AUXILIARY	5,419	2,190	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	190.03
191.00	19100	RESEARCH	100	932	232,430	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	10,437	0	28,041	0	192.01
192.02	19202	FOUNDATION	426	1,096	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	44,540	0	-54,354 192.03
192.04	19204	OUTREACH PROGRAMS	5,292	0	0	0	192.04
192.05	19205	PHASE III REHAB	2,477	2,224	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	193	0	0	192.08
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,652,459	8,105,801	6,820,677	21,373,934	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.033084	1.050804	0.075960	213,739.340000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			31,797	1,577,267	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000354	15,772.670000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL SBS (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
		5.02	5.03	6.00	6.01	6.02	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560	260,938,817					5.02
5.03	00591	8,050,036	1,001,585,957				5.03
6.00	00600	7,879,200		520,782			6.00
6.01	00601	540,006			39,263		6.01
6.02	00602	675,223				34,028	6.02
6.03	00603	519,462					6.03
6.04	00604	283,510					6.04
6.05	00605	501,708					6.05
6.06	00606	660,076					6.06
6.07	00607	735,356					6.07
6.08	00608	1,291,972					6.08
6.09	00609	187,778					6.09
6.10	00610	124,023					6.10
7.00	00700	2,086,994					7.00
8.00	00800	282,839		2,727			8.00
9.00	00900	4,401,829		5,241	809	175	9.00
10.00	01000	2,554,213		14,702			10.00
11.00	01100	81,910		7,424			11.00
11.01	01101	0		0			11.01
13.00	01300	2,259,711		3,694		68	13.00
14.00	01400	4,687,870		19,355			14.00
15.00	01500	6,978,611		10,137			15.00
16.00	01600	4,098,119		7,317			16.00
17.00	01700	31,621		2,866	245		17.00
21.00	02100	0		0			21.00
22.00	02200	3,245,438		17,446			22.00
23.00	02300	271,761		686			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	29,734,196	84,453,471	128,774		68	30.00
31.00	03100	6,440,086	17,225,350	3,317			31.00
32.01	03201	1,574,068	5,207,523	2,448			32.01
40.00	04000	3,754,393	6,440,815	19,845			40.00
41.00	04100	2,743,518	7,198,057	18,333			41.00
43.00	04300	2,740,709	3,540,832	0			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	17,074,335	95,986,350	48,654			50.00
54.00	05400	17,901,993	84,341,640	42,917			54.00
55.00	05500	11,603,814	43,779,299	3,318	3,474	44	55.00
57.00	05700	1,253,373	37,146,615	1,710			57.00
58.00	05800	1,104,021	14,240,321	2,562			58.00
59.00	05900	6,863,553	121,496,424	10,830			59.00
60.00	06000	9,483,980	61,697,305	16,981			60.00
63.00	06300	1,739,369	2,595,404	338			63.00
65.00	06500	2,918,503	25,917,580	4,633			65.00
66.00	06600	14,383,750	38,968,528	61,444	133		66.00
69.00	06900	3,255,016	22,391,362	7,461			69.00
70.00	07000	1,143,027	6,859,687	5,230			70.00
71.00	07100	14,591,396	68,334,732	790			71.00
72.00	07200	25,295,838	90,956,527	0			72.00
73.00	07300	14,226,022	82,069,875	0			73.00
74.00	07400	0	0	0			74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	200,224	494,027	0			90.01
90.02	09002	2,131,566	14,074,268	3,880			90.02
90.03	09003	0	0	0			90.03
90.04	09004	429,921	372,283	1,655			90.04
90.05	09005	905,117	4,589,644	0			90.05
91.00	09100	8,214,552	61,208,038	19,657			91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0			95.00
SPECIAL PURPOSE COST CENTERS							
118.00		254,135,606	1,001,585,957	496,374	4,661	355	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	35,061	0	257			190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL SBS (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
		5.02	5.03	6.00	6.01	6.02	
190.01	19001 AUXILIARY	152,667	0	5,419	0	0	190.01
190.02	19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003 EAP	0	0	0	0	0	190.03
191.00	19100 RESEARCH	330,244	0	100	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 NON REIMBURSEABLE COST	741,449	0	10,437	27,372	33,673	192.01
192.02	19202 FOUNDATION	9,159	0	426	0	0	192.02
192.03	19203 BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204 OUTREACH PROGRAMS	4,833,185	0	5,292	7,230	0	192.04
192.05	19205 PHASE III REHAB	48,892	0	2,477	0	0	192.05
192.06	19206 AFFILIATES	0	0	0	0	0	192.06
192.07	19207 NON-ALLOWABLE MEALS	652,351	0	0	0	0	192.07
192.08	19208 ENVIRONMENTAL SVCS - OUTREACH	203	0	0	0	0	192.08
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)	46,827,664	9,494,679	9,293,185	636,914	796,397	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.179458	0.009480	17.844674	16.221735	23.404167	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,831,775	56,511	1,269,934	658,296	777,400	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.007020	0.000056	2.438514	16.766319	22.845892	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

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Cost Center Description		BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
		6.03	6.04	6.05	6.06	6.07	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603	22,943					6.03
6.04	00604		10,225				6.04
6.05	00605			51,357			6.05
6.06	00606				46,854		6.06
6.07	00607					56,557	6.07
6.08	00608						6.08
6.09	00609						6.09
6.10	00610						6.10
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	26		49			9.00
10.00	01000			1,305			10.00
11.00	01100						11.00
11.01	01101						11.01
13.00	01300			144			13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600					2,119	16.00
17.00	01700				242		17.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000						30.00
31.00	03100						31.00
32.01	03201						32.01
40.00	04000						40.00
41.00	04100						41.00
43.00	04300						43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000			16,914			50.00
54.00	05400					1,170	54.00
55.00	05500			12,280	1,276		55.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000						60.00
63.00	06300						63.00
65.00	06500						65.00
66.00	06600					10,621	66.00
69.00	06900						69.00
70.00	07000						70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400						74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001						90.01
90.02	09002			141	1,645	3,078	90.02
90.03	09003						90.03
90.04	09004						90.04
90.05	09005					6,254	90.05
91.00	09100						91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500						95.00
SPECIAL PURPOSE COST CENTERS							
118.00		26		30,833	3,163	23,242	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
190.01	19001						190.01
190.02	19002	3,384	4,048				190.02
190.03	19003						190.03
191.00	19100						191.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
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Cost Center Description		HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		6.08	6.09	6.10	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606						6.06
6.07	00607						6.07
6.08	00608	75,097					6.08
6.09	00609	0	13,636				6.09
6.10	00610	0	0	7,560			6.10
7.00	00700	0	0	0	520,780		7.00
8.00	00800	0	0	0	2,727	1,964,059	8.00
9.00	00900	0	0	0	5,241	0	9.00
10.00	01000	0	0	0	14,702	0	10.00
11.00	01100	0	0	0	7,424	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	0	0	0	3,694	0	13.00
14.00	01400	0	0	0	19,355	0	14.00
15.00	01500	0	0	0	10,137	0	15.00
16.00	01600	0	0	0	7,317	0	16.00
17.00	01700	0	0	0	2,866	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	17,446	0	22.00
23.00	02300	0	0	0	686	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	128,774	990,153	30.00
31.00	03100	0	0	0	3,317	82,678	31.00
32.01	03201	0	0	0	2,448	10,889	32.01
40.00	04000	0	0	0	19,845	25,516	40.00
41.00	04100	0	0	0	18,333	60,563	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	48,654	273,087	50.00
54.00	05400	0	0	0	42,917	109,054	54.00
55.00	05500	0	0	0	3,318	31,990	55.00
57.00	05700	0	0	0	1,710	11,815	57.00
58.00	05800	0	0	0	2,562	0	58.00
59.00	05900	0	0	0	10,830	53,963	59.00
60.00	06000	0	0	0	16,981	0	60.00
63.00	06300	0	0	0	338	0	63.00
65.00	06500	0	0	0	4,633	0	65.00
66.00	06600	0	0	0	61,444	5,577	66.00
69.00	06900	31,192	0	0	7,461	174	69.00
70.00	07000	0	0	0	5,230	27,077	70.00
71.00	07100	0	0	0	790	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	3,880	6,673	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	1,655	158	90.04
90.05	09005	0	0	0	0	0	90.05
91.00	09100	0	0	0	19,657	274,554	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		31,192	0	0	496,372	1,963,921	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	257	0	190.00
190.01	19001	0	0	0	5,419	0	190.01
190.02	19002	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description			HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			6.08	6.09	6.10	7.00	8.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	100	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	43,905	13,636	7,560	10,437	0	192.01
192.02	19202	FOUNDATION	0	0	0	426	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	5,292	138	192.04
192.05	19205	PHASE III REHAB	0	0	0	2,477	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,523,827	221,512	146,280	2,461,522	395,148	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.291450	16.244647	19.349206	4.726606	0.201189	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,518,117	274,938	157,868	14,651	39,206	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	20.215415	20.162658	20.882011	0.028133	0.019962	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
		9.00	10.00	11.00	11.01	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606						6.06
6.07	00607						6.07
6.08	00608						6.08
6.09	00609						6.09
6.10	00610						6.10
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	450,226	811,917				10.00
11.00	01100	7,424	623,743	623,743			11.00
11.01	01101	0	0	623,743	140,191		11.01
13.00	01300	3,694	0	0	3,298	1,264,601	13.00
14.00	01400	19,355	0	0	1,520	0	14.00
15.00	01500	10,137	0	0	6,193	0	15.00
16.00	01600	7,317	0	0	0	0	16.00
17.00	01700	2,866	0	0	2	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	17,446	0	0	0	0	22.00
23.00	02300	686	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	128,774	178,503	0	39,824	656,233	30.00
31.00	03100	3,317	9,671	0	5,540	51,538	31.00
32.01	03201	2,448	0	0	1,772	34,244	32.01
40.00	04000	0	0	0	3,327	42,562	40.00
41.00	04100	0	0	0	3,385	56,093	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	48,654	0	0	10,903	151,531	50.00
54.00	05400	42,917	0	0	9,919	17,410	54.00
55.00	05500	3,318	0	0	2,912	17,499	55.00
57.00	05700	1,710	0	0	991	8	57.00
58.00	05800	2,562	0	0	426	2	58.00
59.00	05900	10,830	0	0	3,757	33,541	59.00
60.00	06000	16,981	0	0	7,547	0	60.00
63.00	06300	338	0	0	0	0	63.00
65.00	06500	4,633	0	0	3,766	0	65.00
66.00	06600	61,444	0	0	16,085	926	66.00
69.00	06900	7,461	0	0	3,839	22,698	69.00
70.00	07000	5,230	0	0	1,301	2,095	70.00
71.00	07100	790	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	127	172	90.01
90.02	09002	3,880	0	0	1,911	22,042	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	1,655	0	0	645	5,913	90.04
90.05	09005	0	0	0	1,193	13,416	90.05
91.00	09100	19,657	0	0	9,539	136,678	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		450,226	811,917	623,743	139,722	1,264,601	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	59	0	190.00
190.01	19001	0	0	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)		
			9.00	10.00	11.00	11.01	13.00		
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	356	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	54	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	0	192.08
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)	5,328,546	3,533,468	3,066,577	3,066,577	2,867,722		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.835269	4.352006	4.916411	21.874279	2.267689		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	438,069	333,780	364,443	364,443	132,060		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.972998	0.411101	0.584284	2.599618	0.104428		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00590 OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03 00591 OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00 00600 MAINTENANCE & REPAIRS						6.00
6.01 00601 MOB I						6.01
6.02 00602 MOB II						6.02
6.03 00603 BETT MED PARK						6.03
6.04 00604 NW CLINICS						6.04
6.05 00605 CPMP I						6.05
6.06 00606 CPMP II						6.06
6.07 00607 BETT PLAZA						6.07
6.08 00608 HEART INSTITUTE						6.08
6.09 00609 53RD STREET						6.09
6.10 00610 ELDRI DGE						6.10
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	50,064,814					14.00
15.00 01500 PHARMACY	222,772	21,150,801				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,001,585,957			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	69,758		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,902,878	0	84,453,471	49,671	0	30.00
31.00 03100 INTENSIVE CARE UNIT	653,099	0	17,225,350	5,399	0	31.00
32.01 03201 NICU	63,836	0	5,207,523	2,681	0	32.01
40.00 04000 SUBPROVIDER - IPF	9,322	0	6,440,815	5,496	0	40.00
41.00 04100 SUBPROVIDER - IRF	74,580	0	7,198,057	6,511	0	41.00
43.00 04300 NURSERY	0	0	3,540,832	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,151,547	0	95,986,350	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	606,045	0	84,341,640	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	88,699	6,924,779	43,779,299	0	0	55.00
57.00 05700 CT SCAN	128,896	0	37,146,615	0	0	57.00
58.00 05800 MRI	9,430	0	14,240,321	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	767,702	0	121,496,424	0	0	59.00
60.00 06000 LABORATORY	150,373	0	61,697,305	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2,595,404	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	274,124	0	25,917,580	0	0	65.00
66.00 06600 PHYSICAL THERAPY	112,634	0	38,968,528	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	50,665	0	22,391,362	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	54,687	0	6,859,687	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	14,582,680	0	68,334,732	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	25,295,838	0	90,956,527	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	14,226,022	82,069,875	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0	0	494,027	0	0	90.01
90.02 09002 OP INSTITUTES	178,108	0	14,074,268	0	0	90.02
90.03 09003 MARC	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	518	0	372,283	0	0	90.04
90.05 09005 PAIN MANAGEMENT	56,616	0	4,589,644	0	0	90.05
91.00 09100 EMERGENCY	629,765	0	61,208,038	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	50,064,814	21,150,801	1,001,585,957	69,758	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	21.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
190.01 19001 AUXILIARY	0	0	0	0	0	0 190.01
190.02 19002 FIRST MED CLINICS	0	0	0	0	0	0 190.02
190.03 19003 EAP	0	0	0	0	0	0 190.03
191.00 19100 RESEARCH	0	0	0	0	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01 19201 NON REIMBURSEABLE COST	0	0	0	0	0	0 192.01
192.02 19202 FOUNDATION	0	0	0	0	0	0 192.02
192.03 19203 BIO MED SERVICES - OUTREACH	0	0	0	0	0	0 192.03
192.04 19204 OUTREACH PROGRAMS	0	0	0	0	0	0 192.04
192.05 19205 PHASE III REHAB	0	0	0	0	0	0 192.05
192.06 19206 AFFILIATES	0	0	0	0	0	0 192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	0	0	0	0 192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	0 192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,228,334	8,742,939	5,117,808	143,944		0 202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.124405	0.413362	0.005110	2.063477	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	909,477	631,184	168,068	50,009		0 204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.018166	0.029842	0.000168	0.716893	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM - PASTORAL CARE (PATIENT DAYS)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00		
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00	
5.01 00590 OTHER ADMINISTRATIVE AND GENERAL			5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL			5.02	
5.03 00591 OTHER ADMINISTRATIVE AND GENERAL SBS			5.03	
6.00 00600 MAINTENANCE & REPAIRS			6.00	
6.01 00601 MOB I			6.01	
6.02 00602 MOB II			6.02	
6.03 00603 BETT MED PARK			6.03	
6.04 00604 NW CLINICS			6.04	
6.05 00605 CPMP I			6.05	
6.06 00606 CPMP II			6.06	
6.07 00607 BETT PLAZA			6.07	
6.08 00608 HEART INSTITUTE			6.08	
6.09 00609 53RD STREET			6.09	
6.10 00610 ELDRI DGE			6.10	
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	
11.01 01101 EMPLOYEE CAFETERIA			11.01	
13.00 01300 NURSING ADMINISTRATION			13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00	
15.00 01500 PHARMACY			15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00	
17.00 01700 SOCIAL SERVICE			17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	37,572		22.00	
23.00 02300 PARAMED PRGM - PASTORAL CARE		67,077	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	18,953	49,671	30.00	
31.00 03100 INTENSIVE CARE UNIT	1,114	5,399	31.00	
32.01 03201 NICU	1,034	0	32.01	
40.00 04000 SUBPROVIDER - IPF	870	5,496	40.00	
41.00 04100 SUBPROVIDER - IRF	0	6,511	41.00	
43.00 04300 NURSERY	0	0	43.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,046	0	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	688	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00	
57.00 05700 CT SCAN	0	0	57.00	
58.00 05800 MRI	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00	
60.00 06000 LABORATORY	341	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	534	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 CLINICAL PSYCH	0	0	90.01	
90.02 09002 OP INSTITUTES	0	0	90.02	
90.03 09003 MARC	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	0	0	90.04	
90.05 09005 PAIN MANAGEMENT	0	0	90.05	
91.00 09100 EMERGENCY	1,830	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00	
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0	95.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	26,410	67,077	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM - PASTORAL CARE (PATIENT DAYS)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00	23.00	
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01 19001 AUXILIARY	0	0	190.01
190.02 19002 FIRST MED CLINICS	0	0	190.02
190.03 19003 EAP	0	0	190.03
191.00 19100 RESEARCH	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	11,162	0	192.00
192.01 19201 NON REIMBURSEABLE COST	0	0	192.01
192.02 19202 FOUNDATION	0	0	192.02
192.03 19203 BIO MED SERVICES - OUTREACH	0	0	192.03
192.04 19204 OUTREACH PROGRAMS	0	0	192.04
192.05 19205 PHASE III REHAB	0	0	192.05
192.06 19206 AFFILIATES	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	0	0	192.08
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)	4,428,114	344,133	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	117.856755	5.130417	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	275,650	11,836	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	7.336580	0.176454	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 11:14 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	44,664,147		44,664,147	0	44,664,147	30.00
31.00 03100 INTENSIVE CARE UNIT	8,378,123		8,378,123	0	8,378,123	31.00
32.01 03201 NICU	2,148,833		2,148,833	0	2,148,833	32.01
40.00 04000 SUBPROVIDER - I PF	5,185,173		5,185,173	0	5,185,173	40.00
41.00 04100 SUBPROVIDER - I RF	4,024,230		4,024,230	0	4,024,230	41.00
43.00 04300 NURSERY	3,284,212		3,284,212	0	3,284,212	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	24,561,339		24,561,339	0	24,561,339	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	24,193,548		24,193,548	0	24,193,548	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	17,642,481		17,642,481	0	17,642,481	55.00
57.00 05700 CT SCAN	2,119,211		2,119,211	0	2,119,211	57.00
58.00 05800 MRI	1,608,558		1,608,558	0	1,608,558	58.00
59.00 05900 CARDIAC CATHETERIZATION	10,504,483		10,504,483	0	10,504,483	59.00
60.00 06000 LABORATORY	12,854,168		12,854,168	0	12,854,168	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,101,009		2,101,009	0	2,101,009	63.00
65.00 06500 RESPIRATORY THERAPY	4,096,276	0	4,096,276	34	4,096,310	65.00
66.00 06600 PHYSICAL THERAPY	20,181,772	0	20,181,772	0	20,181,772	66.00
69.00 06900 ELECTROCARDIOLOGY	5,197,268		5,197,268	0	5,197,268	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,673,641		1,673,641	40	1,673,681	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20,048,281		20,048,281	0	20,048,281	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	34,309,384		34,309,384	0	34,309,384	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	23,856,893		23,856,893	0	23,856,893	73.00
74.00 07400 RENAL DIALYSIS	0		0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	246,531		246,531	0	246,531	90.01
90.02 09002 OP INSTITUTES	3,044,382		3,044,382	0	3,044,382	90.02
90.03 09003 MARC	0		0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	597,062		597,062	0	597,062	90.04
90.05 09005 PAIN MANAGEMENT	1,293,979		1,293,979	0	1,293,979	90.05
91.00 09100 EMERGENCY	11,910,259		11,910,259	0	11,910,259	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	3,623,889		3,623,889	0	3,623,889	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00 Subtotal (see instructions)	293,349,132	0	293,349,132	74	293,349,206	200.00
201.00 Less Observation Beds	3,623,889		3,623,889		3,623,889	201.00
202.00 Total (see instructions)	289,725,243	0	289,725,243	74	289,725,317	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 11:14 am
		Title XVII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	77,575,641		77,575,641	30.00
31.00	03100	INTENSIVE CARE UNIT	17,225,350		17,225,350	31.00
32.01	03201	NI CU	5,207,523		5,207,523	32.01
40.00	04000	SUBPROVIDER - I PF	6,440,815		6,440,815	40.00
41.00	04100	SUBPROVIDER - I RF	7,198,057		7,198,057	41.00
43.00	04300	NURSERY	3,540,832		3,540,832	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	57,680,856	38,305,494	95,986,350	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,643,307	71,698,333	84,341,640	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	624,853	43,154,446	43,779,299	55.00
57.00	05700	CT SCAN	12,094,022	25,052,593	37,146,615	57.00
58.00	05800	MRI	4,126,896	10,113,425	14,240,321	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,362,317	82,134,107	121,496,424	59.00
60.00	06000	LABORATORY	36,401,879	25,295,426	61,697,305	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,738,514	856,890	2,595,404	63.00
65.00	06500	RESPIRATORY THERAPY	22,572,280	3,345,300	25,917,580	65.00
66.00	06600	PHYSICAL THERAPY	14,617,059	24,351,469	38,968,528	66.00
69.00	06900	ELECTROCARDIOLOGY	9,608,909	12,782,453	22,391,362	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	324,063	6,535,624	6,859,687	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,106,370	32,228,362	68,334,732	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,476,611	40,479,916	90,956,527	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,315,335	21,754,540	82,069,875	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	CLINICAL PSYCH	296,730	197,297	494,027	90.01
90.02	09002	OP INSTITUTES	152,925	13,921,343	14,074,268	90.02
90.03	09003	MARC	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	372,283	372,283	90.04
90.05	09005	PAIN MANAGEMENT	2,210	4,587,434	4,589,644	90.05
91.00	09100	EMERGENCY	11,639,651	49,568,387	61,208,038	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,381,981	3,495,849	6,877,830	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
200.00		Subtotal (see instructions)	491,354,986	510,230,971	1,001,585,957	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	491,354,986	510,230,971	1,001,585,957	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 11:14 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.01	03201 NICU			32.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.255884		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.286852		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.402987		55.00
57.00	05700 CT SCAN	0.057050		57.00
58.00	05800 MRI	0.112958		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.086459		59.00
60.00	06000 LABORATORY	0.208342		60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.809511		63.00
65.00	06500 RESPIRATORY THERAPY	0.158051		65.00
66.00	06600 PHYSICAL THERAPY	0.517899		66.00
69.00	06900 ELECTROCARDIOLOGY	0.232110		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.243988		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.293383		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.377206		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.290690		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.499023		90.01
90.02	09002 OP INSTITUTES	0.216308		90.02
90.03	09003 MARC	0.000000		90.03
90.04	09004 BARIATRIC CLINIC	1.603785		90.04
90.05	09005 PAIN MANAGEMENT	0.281935		90.05
91.00	09100 EMERGENCY	0.194587		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.526894		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160033

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2016 11:14 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	44,664,147		44,664,147	0	44,664,147	30.00
31.00	03100 INTENSIVE CARE UNIT	8,378,123		8,378,123	0	8,378,123	31.00
32.01	03201 NICU	2,148,833		2,148,833	0	2,148,833	32.01
40.00	04000 SUBPROVIDER - I PF	5,185,173		5,185,173	0	5,185,173	40.00
41.00	04100 SUBPROVIDER - I RF	4,024,230		4,024,230	0	4,024,230	41.00
43.00	04300 NURSERY	3,284,212		3,284,212	0	3,284,212	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	24,561,339		24,561,339	0	24,561,339	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,193,548		24,193,548	0	24,193,548	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	17,642,481		17,642,481	0	17,642,481	55.00
57.00	05700 CT SCAN	2,119,211		2,119,211	0	2,119,211	57.00
58.00	05800 MRI	1,608,558		1,608,558	0	1,608,558	58.00
59.00	05900 CARDIAC CATHETERIZATION	10,504,483		10,504,483	0	10,504,483	59.00
60.00	06000 LABORATORY	12,854,168		12,854,168	0	12,854,168	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,101,009		2,101,009	0	2,101,009	63.00
65.00	06500 RESPIRATORY THERAPY	4,096,276	0	4,096,276	34	4,096,310	65.00
66.00	06600 PHYSICAL THERAPY	20,181,772	0	20,181,772	0	20,181,772	66.00
69.00	06900 ELECTROCARDIOLOGY	5,197,268		5,197,268	0	5,197,268	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,673,641		1,673,641	40	1,673,681	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20,048,281		20,048,281	0	20,048,281	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	34,309,384		34,309,384	0	34,309,384	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,856,893		23,856,893	0	23,856,893	73.00
74.00	07400 RENAL DIALYSIS	0		0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	246,531		246,531	0	246,531	90.01
90.02	09002 OP INSTITUTES	3,044,382		3,044,382	0	3,044,382	90.02
90.03	09003 MARC	0		0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	597,062		597,062	0	597,062	90.04
90.05	09005 PAIN MANAGEMENT	1,293,979		1,293,979	0	1,293,979	90.05
91.00	09100 EMERGENCY	11,910,259		11,910,259	0	11,910,259	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,623,889		3,623,889	0	3,623,889	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00	Subtotal (see instructions)	293,349,132	0	293,349,132	74	293,349,206	200.00
201.00	Less Observation Beds	3,623,889		3,623,889		3,623,889	201.00
202.00	Total (see instructions)	289,725,243	0	289,725,243	74	289,725,317	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 11:14 am
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	77,575,641		77,575,641			30.00
31.00 03100 INTENSIVE CARE UNIT	17,225,350		17,225,350			31.00
32.01 03201 NICU	5,207,523		5,207,523			32.01
40.00 04000 SUBPROVIDER - I/PF	6,440,815		6,440,815			40.00
41.00 04100 SUBPROVIDER - I/RF	7,198,057		7,198,057			41.00
43.00 04300 NURSERY	3,540,832		3,540,832			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	57,680,856	38,305,494	95,986,350	0.255884	0.000000	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,643,307	71,698,333	84,341,640	0.286852	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	624,853	43,154,446	43,779,299	0.402987	0.000000	55.00
57.00 05700 CT SCAN	12,094,022	25,052,593	37,146,615	0.057050	0.000000	57.00
58.00 05800 MRI	4,126,896	10,113,425	14,240,321	0.112958	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	39,362,317	82,134,107	121,496,424	0.086459	0.000000	59.00
60.00 06000 LABORATORY	36,401,879	25,295,426	61,697,305	0.208342	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,738,514	856,890	2,595,404	0.809511	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	22,572,280	3,345,300	25,917,580	0.158050	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	14,617,059	24,351,469	38,968,528	0.517899	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	9,608,909	12,782,453	22,391,362	0.232110	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	324,063	6,535,624	6,859,687	0.243982	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	36,106,370	32,228,362	68,334,732	0.293383	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	50,476,611	40,479,916	90,956,527	0.377206	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	60,315,335	21,754,540	82,069,875	0.290690	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	296,730	197,297	494,027	0.499023	0.000000	90.01
90.02 09002 OP INSTITUTES	152,925	13,921,343	14,074,268	0.216308	0.000000	90.02
90.03 09003 MARC	0	0	0	0.000000	0.000000	90.03
90.04 09004 BARIATRIC CLINIC	0	372,283	372,283	1.603785	0.000000	90.04
90.05 09005 PAIN MANAGEMENT	2,210	4,587,434	4,589,644	0.281935	0.000000	90.05
91.00 09100 EMERGENCY	11,639,651	49,568,387	61,208,038	0.194587	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	3,381,981	3,495,849	6,877,830	0.526894	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00	Subtotal (see instructions)	491,354,986	510,230,971	1,001,585,957		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	491,354,986	510,230,971	1,001,585,957		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 11:14 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.01	03201 NICU			32.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.000000		90.01
90.02	09002 OP INSTITUTES	0.000000		90.02
90.03	09003 MARC	0.000000		90.03
90.04	09004 BARIATRIC CLINIC	0.000000		90.04
90.05	09005 PAIN MANAGEMENT	0.000000		90.05
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 11/22/2016 11:14 am
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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	2,969,989	0	2,969,989	54,057	54.94	30.00	
31.00	INTENSIVE CARE UNIT	517,335		517,335	5,399	95.82	31.00	
32.01	NICU	127,492		127,492	2,681	47.55	32.01	
40.00	SUBPROVIDER - IPF	327,334	0	327,334	5,496	59.56	40.00	
41.00	SUBPROVIDER - IRF	325,676	0	325,676	6,511	50.02	41.00	
43.00	NURSERY	20,749		20,749	4,009	5.18	43.00	
200.00	Total (Lines 30-199)	4,288,575		4,288,575	78,153		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	24,116	1,324,933					30.00
31.00	INTENSIVE CARE UNIT	2,745	263,026					31.00
32.01	NICU	0	0					32.01
40.00	SUBPROVIDER - IPF	1,197	71,293					40.00
41.00	SUBPROVIDER - IRF	3,502	175,170					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	31,560	1,834,422					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part II Date/Time Prepared: 11/22/2016 11:14 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							
50.00	05000 OPERATING ROOM	3,629,313	95,986,350	0.037811	24,710,749	934,338	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,803,369	84,341,640	0.021382	6,873,109	146,961	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,826,202	43,779,299	0.041714	376,987	15,726	55.00
57.00	05700 CT SCAN	202,381	37,146,615	0.005448	5,405,271	29,448	57.00
58.00	05800 MRI	478,987	14,240,321	0.033636	2,060,668	69,313	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,475,606	121,496,424	0.012145	23,009,333	279,448	59.00
60.00	06000 LABORATORY	600,235	61,697,305	0.009729	16,522,428	160,747	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	20,997	2,595,404	0.008090	850,831	6,883	63.00
65.00	06500 RESPIRATORY THERAPY	289,965	25,917,580	0.011188	11,636,599	130,190	65.00
66.00	06600 PHYSICAL THERAPY	2,530,391	38,968,528	0.064934	5,114,181	332,084	66.00
69.00	06900 ELECTROCARDIOLOGY	1,554,004	22,391,362	0.069402	5,578,620	387,167	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	213,161	6,859,687	0.031074	145,798	4,531	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	394,081	68,334,732	0.005767	16,196,240	93,404	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	657,477	90,956,527	0.007228	25,471,784	184,110	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	542,786	82,069,875	0.006614	27,288,543	180,486	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	4,761	494,027	0.009637	30,207	291	90.01
90.02	09002 OP INSTITUTES	427,123	14,074,268	0.030348	144,874	4,397	90.02
90.03	09003 MARC	0	0	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	137,864	372,283	0.370320	0	0	90.04
90.05	09005 PAIN MANAGEMENT	338,461	4,589,644	0.073744	2,133	157	90.05
91.00	09100 EMERGENCY	618,824	61,208,038	0.010110	6,196,322	62,645	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	240,974	6,877,830	0.035036	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	17,986,962	884,397,739		177,614,677	3,022,326	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 160033		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 11/22/2016 11:14 am	
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	254,833	0	0	254,833	30.00
31.00	03100	INTENSIVE CARE UNIT	0	27,699	0	0	27,699	31.00
32.01	03201	NICU	0	0	0	0	0	32.01
40.00	04000	SUBPROVIDER - I PF	0	28,197	0	0	28,197	40.00
41.00	04100	SUBPROVIDER - I RF	0	33,404	0	0	33,404	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	344,133	0	0	344,133	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,057	4.71	24,116	113,586		30.00
31.00	03100	INTENSIVE CARE UNIT	5,399	5.13	2,745	14,082		31.00
32.01	03201	NICU	2,681	0.00	0	0		32.01
40.00	04000	SUBPROVIDER - I PF	5,496	5.13	1,197	6,141		40.00
41.00	04100	SUBPROVIDER - I RF	6,511	5.13	3,502	17,965		41.00
43.00	04300	NURSERY	4,009	0.00	0	0		43.00
200.00		Total (lines 30-199)	78,153		31,560	151,774		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160033

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	0	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	20,678	0	0	20,678	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	20,678	0	0	20,678	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160033

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2016 11:14 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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	95,986,350	0.000000	0.000000	24,710,749	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	84,341,640	0.000000	0.000000	6,873,109	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	43,779,299	0.000000	0.000000	376,987	55.00
57.00	05700 CT SCAN	0	37,146,615	0.000000	0.000000	5,405,271	57.00
58.00	05800 MRI	0	14,240,321	0.000000	0.000000	2,060,668	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	121,496,424	0.000000	0.000000	23,009,333	59.00
60.00	06000 LABORATORY	0	61,697,305	0.000000	0.000000	16,522,428	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,595,404	0.000000	0.000000	850,831	63.00
65.00	06500 RESPIRATORY THERAPY	0	25,917,580	0.000000	0.000000	11,636,599	65.00
66.00	06600 PHYSICAL THERAPY	0	38,968,528	0.000000	0.000000	5,114,181	66.00
69.00	06900 ELECTROCARDIOLOGY	0	22,391,362	0.000000	0.000000	5,578,620	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,859,687	0.000000	0.000000	145,798	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	68,334,732	0.000000	0.000000	16,196,240	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	90,956,527	0.000000	0.000000	25,471,784	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	82,069,875	0.000000	0.000000	27,288,543	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0	494,027	0.000000	0.000000	30,207	90.01
90.02	09002 OP INSTITUTES	0	14,074,268	0.000000	0.000000	144,874	90.02
90.03	09003 MARC	0	0	0.000000	0.000000	0	90.03
90.04	09004 BARIATRIC CLINIC	0	372,283	0.000000	0.000000	0	90.04
90.05	09005 PAIN MANAGEMENT	0	4,589,644	0.000000	0.000000	2,133	90.05
91.00	09100 EMERGENCY	0	61,208,038	0.000000	0.000000	6,196,322	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	20,678	6,877,830	0.003006	0.003006	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	20,678	884,397,739			177,614,677	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 11:14 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	9,417,464	0		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	19,026,813	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,927,744	0		55.00
57.00	05700 CT SCAN	0	7,022,924	0		57.00
58.00	05800 MRI	0	2,617,247	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	40,959,223	0		59.00
60.00	06000 LABORATORY	0	5,961,727	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	350,145	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	1,345,661	0		65.00
66.00	06600 PHYSICAL THERAPY	0	122,356	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	4,200,558	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,701,302	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,514,345	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,593,695	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	16,243,820	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 CLINICAL PSYCH	0	33,599	0		90.01
90.02	09002 OP INSTITUTES	0	6,075,841	0		90.02
90.03	09003 MARC	0	0	0		90.03
90.04	09004 BARIATRIC CLINIC	0	38,067	0		90.04
90.05	09005 PAIN MANAGEMENT	0	1,281,398	0		90.05
91.00	09100 EMERGENCY	0	7,325,623	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,196,649	3,597		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	164,956,201	3,597		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 11:14 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		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.255884	9,417,464	1,382	0	2,409,778	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.286852	19,026,813	28	0	5,457,879	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.402987	7,927,744	0	0	3,194,778	55.00	
57.00 05700 CT SCAN	0.057050	7,022,924	0	0	400,658	57.00	
58.00 05800 MRI	0.112958	2,617,247	0	0	295,639	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.086459	40,959,223	0	0	3,541,293	59.00	
60.00 06000 LABORATORY	0.208342	5,961,727	430	0	1,242,078	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.809511	350,145	0	0	283,446	63.00	
65.00 06500 RESPIRATORY THERAPY	0.158050	1,345,661	0	0	212,682	65.00	
66.00 06600 PHYSICAL THERAPY	0.517899	122,356	0	0	63,368	66.00	
69.00 06900 ELECTROCARDIOLOGY	0.232110	4,200,558	0	0	974,992	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.243982	1,701,302	0	0	415,087	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.293383	12,514,345	0	0	3,671,496	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.377206	19,593,695	0	0	7,390,859	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.290690	16,243,820	0	86,758	4,721,916	73.00	
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 CLINICAL PSYCH	0.499023	33,599	0	0	16,767	90.01	
90.02 09002 OP INSTITUTES	0.216308	6,075,841	0	0	1,314,253	90.02	
90.03 09003 MARC	0.000000	0	0	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	1.603785	38,067	0	0	61,051	90.04	
90.05 09005 PAIN MANAGEMENT	0.281935	1,281,398	0	0	361,271	90.05	
91.00 09100 EMERGENCY	0.194587	7,325,623	0	0	1,425,471	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.526894	1,196,649	0	0	630,507	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.000000		0			95.00	
200.00	Subtotal (see instructions)		164,956,201	1,840	86,758	38,085,269	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		164,956,201	1,840	86,758	38,085,269	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 11:14 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		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	354	0		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	90	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	25,220		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 CLINICAL PSYCH	0	0		90.01
90.02 09002 OP INSTITUTES	0	0		90.02
90.03 09003 MARC	0	0		90.03
90.04 09004 BARIATRIC CLINIC	0	0		90.04
90.05 09005 PAIN MANAGEMENT	0	0		90.05
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	452	25,220		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	452	25,220		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033 Component CCN: 16S033		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/22/2016 11:14 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,629,313	95,986,350	0.037811	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,803,369	84,341,640	0.021382	11,635	249	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,826,202	43,779,299	0.041714	0	0	55.00
57.00	05700 CT SCAN	202,381	37,146,615	0.005448	12,580	69	57.00
58.00	05800 MRI	478,987	14,240,321	0.033636	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,475,606	121,496,424	0.012145	0	0	59.00
60.00	06000 LABORATORY	600,235	61,697,305	0.009729	101,248	985	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	20,997	2,595,404	0.008090	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	289,965	25,917,580	0.011188	15,146	169	65.00
66.00	06600 PHYSICAL THERAPY	2,530,391	38,968,528	0.064934	220,258	14,302	66.00
69.00	06900 ELECTROCARDIOLOGY	1,554,004	22,391,362	0.069402	3,889	270	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	213,161	6,859,687	0.031074	2,118	66	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	394,081	68,334,732	0.005767	2,595	15	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	657,477	90,956,527	0.007228	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	542,786	82,069,875	0.006614	275,320	1,821	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	4,761	494,027	0.009637	0	0	90.01
90.02	09002 OP INSTITUTES	427,123	14,074,268	0.030348	649	20	90.02
90.03	09003 MARC	0	0	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	137,864	372,283	0.370320	0	0	90.04
90.05	09005 PAIN MANAGEMENT	338,461	4,589,644	0.073744	0	0	90.05
91.00	09100 EMERGENCY	618,824	61,208,038	0.010110	120,176	1,215	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,877,830	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	17,745,988	884,397,739		765,614	19,181	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 11:14 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	0	0	90.02
90.03	09003 MARC	0	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 11:14 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	95,986,350	0.000000	0.000000	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	84,341,640	0.000000	0.000000	11,635	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	43,779,299	0.000000	0.000000	0	55.00
57.00 05700 CT SCAN	0	37,146,615	0.000000	0.000000	12,580	57.00
58.00 05800 MRI	0	14,240,321	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	121,496,424	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	61,697,305	0.000000	0.000000	101,248	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,595,404	0.000000	0.000000	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	25,917,580	0.000000	0.000000	15,146	65.00
66.00 06600 PHYSICAL THERAPY	0	38,968,528	0.000000	0.000000	220,258	66.00
69.00 06900 ELECTROCARDIOLOGY	0	22,391,362	0.000000	0.000000	3,889	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,859,687	0.000000	0.000000	2,118	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	68,334,732	0.000000	0.000000	2,595	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	90,956,527	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	82,069,875	0.000000	0.000000	275,320	73.00
74.00 07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0	494,027	0.000000	0.000000	0	90.01
90.02 09002 OP INSTITUTES	0	14,074,268	0.000000	0.000000	649	90.02
90.03 09003 MARC	0	0	0.000000	0.000000	0	90.03
90.04 09004 BARIATRIC CLINIC	0	372,283	0.000000	0.000000	0	90.04
90.05 09005 PAIN MANAGEMENT	0	4,589,644	0.000000	0.000000	0	90.05
91.00 09100 EMERGENCY	0	61,208,038	0.000000	0.000000	120,176	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,877,830	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	884,397,739			765,614	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 11:14 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	90.02
90.03	09003 MARC	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 11:14 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		Cost Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.255884	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.286852	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.402987	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0.057050	0	0	0	0	0	57.00
58.00 05800 MRI	0.112958	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.086459	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.208342	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.809511	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.158050	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.517899	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.232110	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.243982	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.293383	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.377206	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.290690	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 CLINICAL PSYCH	0.499023	0	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0.216308	0	0	0	0	0	90.02
90.03 09003 MARC	0.000000	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	1.603785	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.281935	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.194587	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.526894	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.000000		0	0			95.00
200.00	Subtotal (see instructions)		0	0		0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0		0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0		0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 11:14 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01 09001 CLINICAL PSYCH	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	90.02
90.03 09003 MARC	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033 Component CCN: 16T033		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/22/2016 11:14 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,629,313	95,986,350	0.037811	6,452	244	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,803,369	84,341,640	0.021382	202,987	4,340	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,826,202	43,779,299	0.041714	0	0	55.00
57.00	05700 CT SCAN	202,381	37,146,615	0.005448	105,177	573	57.00
58.00	05800 MRI	478,987	14,240,321	0.033636	31,723	1,067	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,475,606	121,496,424	0.012145	0	0	59.00
60.00	06000 LABORATORY	600,235	61,697,305	0.009729	506,564	4,928	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	20,997	2,595,404	0.008090	3,532	29	63.00
65.00	06500 RESPIRATORY THERAPY	289,965	25,917,580	0.011188	290,837	3,254	65.00
66.00	06600 PHYSICAL THERAPY	2,530,391	38,968,528	0.064934	2,710,037	175,974	66.00
69.00	06900 ELECTROCARDIOLOGY	1,554,004	22,391,362	0.069402	45,617	3,166	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	213,161	6,859,687	0.031074	14,378	447	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	394,081	68,334,732	0.005767	243,901	1,407	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	657,477	90,956,527	0.007228	3,302	24	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	542,786	82,069,875	0.006614	960,940	6,356	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	4,761	494,027	0.009637	93,528	901	90.01
90.02	09002 OP INSTITUTES	427,123	14,074,268	0.030348	7,402	225	90.02
90.03	09003 MARC	0	0	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	137,864	372,283	0.370320	0	0	90.04
90.05	09005 PAIN MANAGEMENT	338,461	4,589,644	0.073744	0	0	90.05
91.00	09100 EMERGENCY	618,824	61,208,038	0.010110	924	9	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,877,830	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	17,745,988	884,397,739		5,227,301	202,944	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160033
Component CCN: 16T033

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2016 11:14 am
PPS

Title XVIII

Subprovider -
IRF

Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 11:14 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	95,986,350	0.000000	0.000000	6,452 50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	84,341,640	0.000000	0.000000	202,987 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	43,779,299	0.000000	0.000000	0 55.00
57.00 05700 CT SCAN	0	37,146,615	0.000000	0.000000	105,177 57.00
58.00 05800 MRI	0	14,240,321	0.000000	0.000000	31,723 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	121,496,424	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	61,697,305	0.000000	0.000000	506,564 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,595,404	0.000000	0.000000	3,532 63.00
65.00 06500 RESPIRATORY THERAPY	0	25,917,580	0.000000	0.000000	290,837 65.00
66.00 06600 PHYSICAL THERAPY	0	38,968,528	0.000000	0.000000	2,710,037 66.00
69.00 06900 ELECTROCARDIOLOGY	0	22,391,362	0.000000	0.000000	45,617 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,859,687	0.000000	0.000000	14,378 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	68,334,732	0.000000	0.000000	243,901 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	90,956,527	0.000000	0.000000	3,302 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	82,069,875	0.000000	0.000000	960,940 73.00
74.00 07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0 74.00
OUTPATIENT SERVICE COST CENTERS					
90.01 09001 CLINICAL PSYCH	0	494,027	0.000000	0.000000	93,528 90.01
90.02 09002 OP INSTITUTES	0	14,074,268	0.000000	0.000000	7,402 90.02
90.03 09003 MARC	0	0	0.000000	0.000000	0 90.03
90.04 09004 BARIATRIC CLINIC	0	372,283	0.000000	0.000000	0 90.04
90.05 09005 PAIN MANAGEMENT	0	4,589,644	0.000000	0.000000	0 90.05
91.00 09100 EMERGENCY	0	61,208,038	0.000000	0.000000	924 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,877,830	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					
200.00 Total (lines 50-199)	0	884,397,739			5,227,301 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 11:14 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 CLINICAL PSYCH	0	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	0	90.02
90.03 09003 MARC	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 11:14 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.255884	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.286852	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.402987	0	0	0	0	55.00
57.00 05700 CT SCAN	0.057050	0	0	0	0	57.00
58.00 05800 MRI	0.112958	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.086459	0	0	0	0	59.00
60.00 06000 LABORATORY	0.208342	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.809511	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.158050	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.517899	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.232110	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.243982	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.293383	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.377206	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.290690	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0.499023	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0.216308	0	0	0	0	90.02
90.03 09003 MARC	0.000000	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	1.603785	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.281935	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.194587	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.526894	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0	0		95.00
200.00	Subtotal (see instructions)		0	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 11:14 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01 09001 CLINICAL PSYCH	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	90.02
90.03 09003 MARC	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/22/2016 11:14 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		54,057	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,057	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)		49,671	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)		24,116	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		44,664,147	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)		44,664,147	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		44,664,147	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		826.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,925,604	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)		19,925,604	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,378,123	5,399	1,551.79	2,745	4,259,664	43.00
44.00	CORONARY CARE UNIT						44.00
44.01	NICU	2,148,833	2,681	801.50	0	0	44.01
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)					44,471,433	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					68,656,701	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)					1,715,627	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,022,326	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,737,953	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					63,918,748	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)					4,386	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					826.24	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,623,889	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 11:14 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,969,989	44,664,147	0.066496	3,623,889	240,974	90.00
91.00	Nursing School cost	0	44,664,147	0.000000	3,623,889	0	91.00
92.00	Allied health cost	254,833	44,664,147	0.005706	3,623,889	20,678	92.00
93.00	All other Medical Education	0	44,664,147	0.000000	3,623,889	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/22/2016 11:14 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,496 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,496 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)			5,496 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,197 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			5,185,173 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)			5,185,173 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			5,185,173 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			943.44 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,129,298 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,129,298 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16S033		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 11:14 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
44.01	NICU	0	0	0.00	0	0	44.01
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)					247,354	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,376,652	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)					77,434	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					19,181	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					96,615	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,280,037	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: 160033 Component CCN: 16S033		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 11:14 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	327,334	5,185,173	0.063129	0	0	90.00
91.00	Nursing School cost	0	5,185,173	0.000000	0	0	91.00
92.00	Allied health cost	28,197	5,185,173	0.005438	0	0	92.00
93.00	All other Medical Education	0	5,185,173	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/22/2016 11:14 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,511	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,511	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)		6,511	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)		3,502	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,024,230	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,024,230	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,024,230	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		618.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,164,481	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,164,481	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 16T033				Date/Time Prepared: 11/22/2016 11:14 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
44.01	NICU	0	0	0.00	0	0	44.01
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)					2,042,039	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,206,520	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)					193,135	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					202,944	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					396,079	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,810,441	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: 160033 Component CCN: 16T033		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 11:14 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	325,676	4,024,230	0.080929	0	0	90.00
91.00	Nursing School cost	0	4,024,230	0.000000	0	0	91.00
92.00	Allied health cost	33,404	4,024,230	0.008301	0	0	92.00
93.00	All other Medical Education	0	4,024,230	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/22/2016 11:14 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		29,834,308	30.00
31.00	03100	INTENSIVE CARE UNIT		8,528,715	31.00
32.01	03201	NICU		0	32.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.255884	24,710,749	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.286852	6,873,109	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.402987	376,987	55.00
57.00	05700	CT SCAN	0.057050	5,405,271	57.00
58.00	05800	MRI	0.112958	2,060,668	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.086459	23,009,333	59.00
60.00	06000	LABORATORY	0.208342	16,522,428	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.809511	850,831	63.00
65.00	06500	RESPIRATORY THERAPY	0.158051	11,636,599	65.00
66.00	06600	PHYSICAL THERAPY	0.517899	5,114,181	66.00
69.00	06900	ELECTROCARDIOLOGY	0.232110	5,578,620	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.243988	145,798	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.293383	16,196,240	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.377206	25,471,784	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.290690	27,288,543	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0.499023	30,207	90.01
90.02	09002	OP INSTITUTES	0.216308	144,874	90.02
90.03	09003	MARC	0.000000	0	90.03
90.04	09004	BARIATRIC CLINIC	1.603785	0	90.04
90.05	09005	PAIN MANAGEMENT	0.281935	2,133	90.05
91.00	09100	EMERGENCY	0.194587	6,196,322	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.526894	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		177,614,677	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		177,614,677	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/22/2016 11:14 am
		Title XVIIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.01	03201 NICU		0	32.01
40.00	04000 SUBPROVIDER - IPF		1,260,130	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.255884	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.286852	11,635	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.402987	0	55.00
57.00	05700 CT SCAN	0.057050	12,580	57.00
58.00	05800 MRI	0.112958	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.086459	0	59.00
60.00	06000 LABORATORY	0.208342	101,248	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.809511	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.158051	15,146	65.00
66.00	06600 PHYSICAL THERAPY	0.517899	220,258	66.00
69.00	06900 ELECTROCARDIOLOGY	0.232110	3,889	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.243988	2,118	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.293383	2,595	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.377206	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.290690	275,320	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.499023	0	90.01
90.02	09002 OP INSTITUTES	0.216308	649	90.02
90.03	09003 MARC	0.000000	0	90.03
90.04	09004 BARIATRIC CLINIC	1.603785	0	90.04
90.05	09005 PAIN MANAGEMENT	0.281935	0	90.05
91.00	09100 EMERGENCY	0.194587	120,176	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.526894	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		765,614	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		765,614	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/22/2016 11:14 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.01	03201	NICU		0	32.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,764,436	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.255884	6,452	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.286852	202,987	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.402987	0	55.00
57.00	05700	CT SCAN	0.057050	105,177	57.00
58.00	05800	MRI	0.112958	31,723	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.086459	0	59.00
60.00	06000	LABORATORY	0.208342	506,564	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.809511	3,532	63.00
65.00	06500	RESPIRATORY THERAPY	0.158051	290,837	65.00
66.00	06600	PHYSICAL THERAPY	0.517899	2,710,037	66.00
69.00	06900	ELECTROCARDIOLOGY	0.232110	45,617	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.243988	14,378	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.293383	243,901	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.377206	3,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.290690	960,940	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0.499023	93,528	90.01
90.02	09002	OP INSTITUTES	0.216308	7,402	90.02
90.03	09003	MARC	0.000000	0	90.03
90.04	09004	BARIATRIC CLINIC	1.603785	0	90.04
90.05	09005	PAIN MANAGEMENT	0.281935	0	90.05
91.00	09100	EMERGENCY	0.194587	924	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.526894	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		5,227,301	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		5,227,301	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 11:14 am
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		14,106,424	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		42,098,686	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		3,334,764	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		14,236,525	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		236.02	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		11.57	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		17.64	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		11.57	12.00
13.00	Total allowable FTE count for the prior year.		11.57	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		11.57	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.57	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		11.57	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.049021	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.049914	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.049021	21.00
22.00	IME payment adjustment (see instructions)		1,484,995	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		376,143	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		3.08	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		6.07	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		3.08	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.013050	26.00
27.00	IME payments adjustment factor. (see instructions)		0.003475	27.00
28.00	IME add-on adjustment amount (see instructions)		195,313	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		49,472	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,680,308	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		425,615	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.91	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.33	31.00
32.00	Sum of lines 30 and 31		27.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.69	33.00
34.00	Disproportionate share adjustment (see instructions)		1,642,594	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 11:14 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,585,155	2,168,857 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		651,601	1,623,680 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,275,281	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		65,138,057	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		65,563,672	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,095,936	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		606,122	52.00
53.00	Nursing and Allied Health Managed Care payment		1	53.00
54.00	Special add-on payments for new technologies		8,286	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		127,668	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		71,401,685	59.00
60.00	Primary payer payments		154,336	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		71,247,349	61.00
62.00	Deductibles billed to program beneficiaries		6,120,268	62.00
63.00	Coinurance billed to program beneficiaries		146,216	63.00
64.00	Allowable bad debts (see instructions)		184,538	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		119,950	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		33,154	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		65,100,815	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	MISC		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-62,027	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 11:14 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			65,038,788	71.00
71.01	Sequestration adjustment (see instructions)			1,300,776	71.01
72.00	Interim payments			63,611,732	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			126,280	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/22/2016 11:14 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		25,672	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		38,081,672	2.00
3.00	PPS payments		37,472,011	3.00
4.00	Outlier payment (see instructions)		425,039	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		3,597	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		25,672	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		88,598	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)		88,598	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		88,598	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		62,926	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)		25,672	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)		37,900,647	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		177,184	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,276,029	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)		31,473,106	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		311,489	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)		31,784,595	30.00
31.00	Primary payer payments		37,930	31.00
32.00	Subtotal (line 30 minus line 31)		31,746,665	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		178,821	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		116,234	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		38,583	36.00
37.00	Subtotal (see instructions)		31,862,899	37.00
38.00	MSP-LCC reconciliation amount from PS&R		2,486	38.00
39.00	MISC		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)		31,860,413	40.00
40.01	Sequestration adjustment (see instructions)		637,208	40.01
41.00	Interim payments		31,240,551	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-17,346	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/22/2016 11:14 am
		Title XVII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			0 40.00
40.01	Sequestration adjustment (see instructions)			0 40.01
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/22/2016 11:14 am
		Title XVII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			0 40.00
40.01	Sequestration adjustment (see instructions)			0 40.01
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160033

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2016 11:14 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		63,560,432		31,240,551	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	01/04/2016	51,300		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		51,300		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		63,611,732		31,240,551	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		126,280		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		17,346	6.02	
7.00	Total Medicare program liability (see instructions)		63,738,012		31,223,205	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160033
Component CCN: 16S033

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2016 11:14 am
PPS

Title XVIII

Subprovider -
IPF

		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		798,009		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		798,009		0	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		12,829		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		810,838		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160033
Component CCN: 16T033

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2016 11:14 am
PPS

Title XVIII

Subprovider -
IRF

		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					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		4,802,927		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,802,927		0	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		16,827		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,819,754		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet E-1 Part II Date/Time Prepared: 11/22/2016 11:14 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		15,950	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		26,861	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		6,899	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		57,751	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,001,585,957	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		8,548,247	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		731,134	8.00
9.00	Sequestration adjustment amount (see instructions)		14,623	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		716,511	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		716,511	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part II Date/Time Prepared: 11/22/2016 11:14 am
		Title XVII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			966,440 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			15.016393 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			966,440 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			966,440 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			966,440 18.00
19.00	Deductibles			147,637 19.00
20.00	Subtotal (line 18 minus line 19)			818,803 20.00
21.00	Coinsurance			4,459 21.00
22.00	Subtotal (line 20 minus line 21)			814,344 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			10,617 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			6,901 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			821,245 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			6,141 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	MISC			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			827,386 31.00
31.01	Sequestration adjustment (see instructions)			16,548 31.01
32.00	Interim payments			798,009 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			12,829 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part III Date/Time Prepared: 11/22/2016 11:14 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,652,396 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0311 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			257,277 3.00
4.00	Outlier Payments			48,655 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)			0.00 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)			0.00 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)			0.00 9.00
10.00	Average Daily Census (see instructions)			17.789617 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,958,328 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)			4,958,328 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,958,328 19.00
20.00	Deductibles			12,712 20.00
21.00	Subtotal (line 19 minus line 20)			4,945,616 21.00
22.00	Coinsurance			45,465 22.00
23.00	Subtotal (line 21 minus line 22)			4,900,151 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,900,151 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			17,965 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	MISC			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)			4,918,116 32.00
32.01	Sequestration adjustment (see instructions)			98,362 32.01
33.00	Interim payments			4,802,927 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)			16,827 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			48,655 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: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/22/2016 11:14 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			15.51	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			2.71	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)			12.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			17.64	6.00
7.00	Enter the lesser of line 5 or line 6			12.80	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.	17.64	0.00	17.64	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.	12.80	0.00	12.80	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	12.80	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	12.80	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	12.80	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.80	0.00		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	12.80	0.00		17.00
18.00	Per resident amount	131,644.77	128,477.12		18.00
19.00	Approved amount for resident costs	1,685,053	0	1,685,053	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)			4.84	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)			1,685,053	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	31,560	7,485		26.00
27.00	Total Inpatient Days (see instructions)	69,758	69,758		27.00
28.00	Ratio of inpatient days to total inpatient days	0.452421	0.107300		28.00
29.00	Program direct GME amount	762,353	180,806		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		25,548		30.00
31.00	Net Program direct GME amount			917,611	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/22/2016 11:14 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		74,239,873	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)		154,336	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		74,085,537	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		38,110,941	42.00
43.00	Primary payer payments (see instructions)		37,930	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		38,073,011	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		112,158,548	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.660543	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.339457	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		917,611	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		606,122	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		311,489	50.00

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

Provider CCN: 160033

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

Worksheet G

Date/Time Prepared:
11/22/2016 11:14 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	31,285,495	0	0	0	1.00
2.00	Temporary investments	25,276,273	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	114,459,860	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-70,751,962	0	0	0	6.00
7.00	Inventory	10,784,889	0	0	0	7.00
8.00	Prepaid expenses	1,680,040	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	112,734,595	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,271,579	0	0	0	12.00
13.00	Land improvements	18,946,504	0	0	0	13.00
14.00	Accumulated depreciation	-12,966,297	0	0	0	14.00
15.00	Buildings	200,056,786	0	0	0	15.00
16.00	Accumulated depreciation	-126,604,057	0	0	0	16.00
17.00	Leasehold improvements	14,518,834	0	0	0	17.00
18.00	Accumulated depreciation	-13,901,147	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	168,768,944	0	0	0	23.00
24.00	Accumulated depreciation	-142,680,018	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)	112,411,128	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	406,089,436	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	747,739	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	406,837,175	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	631,982,898	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	30,009,159	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,975,601	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,785,000	0	0	0	40.00
41.00	Deferred income	1,941,410	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	11,658,355	0	0	0	43.00
44.00	Other current liabilities	5,237,389	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	68,606,914	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	170,667,779	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	170,667,779	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	239,274,693	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	392,708,205				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	392,708,205	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	631,982,898	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160033

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

Worksheet G-1

Date/Time Prepared:
11/22/2016 11:14 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		376,719,842		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		27,572,324				2.00
3.00	Total (sum of line 1 and line 2)		404,292,166		0		3.00
4.00	RECONCILING	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		404,292,166		0		11.00
12.00	NONOPERATING	11,583,961		0		0	12.00
13.00		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)		11,583,961		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		392,708,205		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	RECONCILING		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	NONOPERATING		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 160033

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/22/2016 11:14 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	79,790,562		79,790,562	1.00
2.00	SUBPROVIDER - IPF	6,482,815		6,482,815	2.00
3.00	SUBPROVIDER - IRF	7,251,707		7,251,707	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	93,525,084		93,525,084	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,394,607		17,394,607	11.00
12.00	CORONARY CARE UNIT				12.00
12.01	NICU	5,246,713		5,246,713	12.01
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)	22,641,320		22,641,320	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	116,166,404		116,166,404	17.00
18.00	Ancillary services	289,044,523	376,510,194	665,554,717	18.00
19.00	Outpatient services	0	80,738,260	80,738,260	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	SUPPLIES	83,051,681	73,701,844	156,753,525	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	488,262,608	530,950,298	1,019,212,906	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		328,125,251		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		328,125,251		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 160033

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

Worksheet G-3

Date/Time Prepared:
11/22/2016 11:14 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,019,212,906	1.00
2.00	Less contractual allowances and discounts on patients' accounts	676,228,074	2.00
3.00	Net patient revenues (line 1 minus line 2)	342,984,832	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	328,125,251	4.00
5.00	Net income from service to patients (line 3 minus line 4)	14,859,581	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,257,552	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	196,215	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	150,268	14.00
15.00	Revenue from rental of living quarters	384,746	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	INTERCOMPANY REVENUE	935,217	24.00
24.01	OUTREACH REVENUE	2,961,948	24.01
24.02	MISCELLANEOUS REVENUE	2,381,777	24.02
24.03	GRANT REVENUE	54,539	24.03
24.04	INTEREST INCOME - RELATED	294,837	24.04
24.05	SPONSOR REVENUE	95,644	24.05
24.06		0	24.06
25.00	Total other income (sum of lines 6-24)	12,712,743	25.00
26.00	Total (line 5 plus line 25)	27,572,324	26.00
27.00	ROUNDING	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)	27,572,324	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet I-5 Date/Time Prepared: 11/22/2016 11:14 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 160033	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/22/2016 11:14 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,495,564	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		227,240	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		159.76	3.00
4.00	Number of interns & residents (see instructions)		14.65	4.00
5.00	Indirect medical education percentage (see instructions)		2.62	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		117,784	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.91	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.33	8.00
9.00	Sum of lines 7 and 8		27.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.68	10.00
11.00	Disproportionate share adjustment (see instructions)		255,348	11.00
12.00	Total prospective capital payments (see instructions)		5,095,936	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00