

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: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/17/2016 4:14 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/17/2016 Time: 4:14 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by 'MERCY HOSPITAL - ST. LOUIS (260020) 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)

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,052,143	562,891	0	17,044,887	1.00
2.00 Subprovider - IPF	0	21,851	0		-881,710	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	17,306	0		-30,506	7.00
8.00 NURSING FACILITY	0				0	8.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	1,091,300	562,891	0	16,132,671	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/16/2016 4:27 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 615 S. NEW BALLAS ROAD			PO Box:						1.00		
2.00	City: ST. LOUIS			State: MO		Zip Code: 63141-		County: ST. LOUIS		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		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		'MERCY HOSPITAL - ST. LOUIS		260020	41180	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF		MERCY ST. LOUIS PSYCH CENTER		26S020	41180	4	07/01/1984	N	P	0	4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF		MERCY ST. LOUIS SNF		265298	41180		10/18/1985	N	P	0	9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC		'MERCY ST. LOUIS SNF NON-CERT									11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2015		06/30/2016		20.00	
21.00	Type of Control (see instructions)						1				21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						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 days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			14,372	9,414	483	1,239	24,683	1,001		24.00	

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		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		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
		Urban/Rural		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 OPSS 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

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
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
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings 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)			0.34	33.87	0.009939	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	

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		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)	FAMILY MEDICINE	1350	0.25	16.52	0.014908		65.00
65.01		INTERNAL MEDICINE	1400	0.25	21.92	0.011276		65.01
65.02		OB/GYN	1750	0.00	20.51	0.000000		65.02
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 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	38.37	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)	FAMILY MEDICINE	1350	1.67	14.83	0.101212		67.00
67.01		INTERNAL MEDICINE	1400	0.67	23.12	0.028163		67.01
67.02		OB/GYN	1750	0.00	22.92	0.000000		67.02
					1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS 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)				Y	N	0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00

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		1.00	2.00	3.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N	87.00
		V		XIX	
		1.00		2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y		Y	
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	
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	
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	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			
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			
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			
		Physical		Occupational	
		1.00		2.00	
		Speech		Respiratory	
		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	
		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	
		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			
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			
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			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/16/2016 4:27 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1	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
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
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	269034
		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: MERCY HEALTH EAST COMMUNITIES	Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 05301
142.00	Street: 645 MARYVILLE CENTRE DRIVE, STE. 100	PO Box:	BOX 1602	
143.00	City: ST. LOUIS, MO 63141	State:	WI	Zip Code: OMAHA
		1.00	2.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/16/2016 4:27 pm		
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	
158.01		N	N	N	N		158.01	
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	
161.10	CORF		N	N	N		161.10	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						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)						9.99	169.00
		Beginni ng		Endi ng				
		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)			10/01/2012	06/30/2016	170.00		
1.00								
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)						N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/16/2016 4:27 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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
			1.00	2.00	3.00
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	08/29/2016	Y	08/29/2016
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: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/16/2016 4:27 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	WILLIAM		COLLETTA	41.00
42.00	Enter the employer/company name of the cost report preparer.	MERCY			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314) 364-3525		645 MARYVILLE CENTRE DRIVE ST. LOUIS	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 260020

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

Worksheet S-2
Part II
Date/Time Prepared:
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		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.	REGIONAL DIRECTOR, REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260020

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

Worksheet S-3
Part I
Date/Time Prepared:
11/16/2016 4:27 pm

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	579	211,914	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)		579	211,914	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	66	24,156	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,856	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	9	3,294	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	98	35,868	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		768	281,088	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	48	17,568		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	9	3,294		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	6	2,196			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		831				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: 260020

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

Worksheet S-3
Part I
Date/Time Prepared:
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	32,203	7,218	127,551			1.00
2.00 HMO and other (see instructions)	21,481	36,314				2.00
3.00 HMO IPF Subprovider	1,350	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	32,203	7,218	127,551			7.00
8.00 INTENSIVE CARE UNIT	5,456	1,858	17,852			8.00
9.00 CORONARY CARE UNIT	1,995	289	5,804			9.00
10.00 BURN INTENSIVE CARE UNIT	808	375	2,897			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	3,233	29,219			12.00
13.00 NURSERY		904	18,854			13.00
14.00 Total (see instructions)	40,462	13,877	202,177	99.24	4,580.46	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	6,965	2,527	15,836	1.12	109.41	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	507	406	1,654	0.00	14.73	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			1,350	0.00	2.19	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				100.36	4,706.79	27.00
28.00 Observation Bed Days		1,462	14,382			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	1,001	3,162			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: 260020

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

Worksheet S-3
Part I
Date/Time Prepared:
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Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,894	1,998	39,163	1.00
2.00 HMO and other (see instructions)			3,981	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	7,894	1,998	39,163	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	838	535	2,995	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet S-3 Part II Date/Time Prepared: 11/16/2016 4:27 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	306,296,283	21,724	306,318,007	9,827,768.00	31.17	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		8,125,652	-203,990	7,921,662	68,840.00	115.07	4.00
4.01	Physicians - Part A - Teaching		2,948,990	0	2,948,990	21,099.00	139.77	4.01
5.00	Physician-Part B		37,537,447	0	37,537,447	229,615.00	163.48	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	5,108,393	21,724	5,130,117	196,400.00	26.12	7.00
7.01	Contracted interns and residents (in an approved programs)		844,356	0	844,356	24,958.00	33.83	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	880,179	-220,623	659,556	30,749.00	21.45	9.00
10.00	Excluded area salaries (see instructions)		27,874,197	1,569,924	29,444,121	580,476.00	50.72	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		3,974,210	0	3,974,210	58,154.00	68.34	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		552,657	0	552,657	2,659.00	207.84	13.00
14.00	Home office salaries & wage-related costs		91,490,128	0	91,490,128	2,065,171.00	44.30	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)		67,623,602	0	67,623,602			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		9,142,205	0	9,142,205			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		492,609	0	492,609			22.00
22.01	Physician Part A - Teaching		183,383	0	183,383			22.01
23.00	Physician Part B		2,334,266	0	2,334,266			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,551,350	0	1,551,350			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	24,228,342	-8,801,106	15,427,236	458,248.00	33.67	27.00
28.00	Administrative & General under contract (see inst.)		33,033	0	33,033	1,841.00	17.94	28.00
29.00	Maintenance & Repairs	6.00	3,211,002	0	3,211,002	127,068.00	25.27	29.00
30.00	Operation of Plant	7.00	1,460,052	0	1,460,052	80,411.00	18.16	30.00
31.00	Laundry & Linen Service	8.00	549,838	0	549,838	39,678.00	13.86	31.00
32.00	Housekeeping	9.00	5,759,208	0	5,759,208	408,418.00	14.10	32.00
33.00	Housekeeping under contract (see instructions)		118,784	0	118,784	10,745.00	11.05	33.00
34.00	Dietary	10.00	7,218,648	-110,596	7,108,052	443,125.00	16.04	34.00
35.00	Dietary under contract (see instructions)		295,703	0	295,703	19,024.00	15.54	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	4,956,060	-815,444	4,140,616	111,121.00	37.26	38.00
39.00	Central Services and Supply	14.00	3,514,537	0	3,514,537	217,026.00	16.19	39.00
40.00	Pharmacy	15.00	10,574,101	0	10,574,101	265,447.00	39.84	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260020

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

Worksheet S-3
Part II
Date/Time Prepared:
11/16/2016 4:27 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 641,187	0	641,187	27,647.00	23.19	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260020

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

Worksheet S-3
Part III
Date/Time Prepared:
11/16/2016 4:27 pm

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	260,304,617	0	260,304,617	9,387,306.00	27.73	1.00
2.00	Excluded area salaries (see instructions)	28,754,376	1,349,301	30,103,677	611,225.00	49.25	2.00
3.00	Subtotal salaries (line 1 minus line 2)	231,550,241	-1,349,301	230,200,940	8,776,081.00	26.23	3.00
4.00	Subtotal other wages & related costs (see inst.)	96,016,995	0	96,016,995	2,125,984.00	45.16	4.00
5.00	Subtotal wage-related costs (see inst.)	68,116,211	0	68,116,211	0.00	29.59	5.00
6.00	Total (sum of lines 3 thru 5)	395,683,447	-1,349,301	394,334,146	10,902,065.00	36.17	6.00
7.00	Total overhead cost (see instructions)	62,560,495	-9,727,146	52,833,349	2,209,799.00	23.91	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/16/2016 4:27 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		13,907,888	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		33,411,947	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,634,521	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		438,484	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)		961,519	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,138,825	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		16,167,486	17.00
18.00	Medicare Taxes - Employers Portion Only		4,137,751	18.00
19.00	Unemployment Insurance		368,357	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		1,250,782	22.00
23.00	Tuition Reimbursement		1,490,939	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		74,908,499	24.00
Part B - Other than Core Related Cost				
25.00	WORK RELATED FRINGE BENEFITS		6,423,898	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part V Date/Time Prepared: 11/16/2016 4:27 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 260020

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

Worksheet S-7

Date/Time Prepared:
11/16/2016 4:27 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	2	0	2 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	121	0	121 13.00
14.00		RUA	237	0	237 14.00
15.00		RVC	14	0	14 15.00
16.00		RVB	10	0	10 16.00
17.00		RVA	63	0	63 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	1	0	1 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	2	0	2 22.00
23.00		RMA	18	0	18 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	10	0	10 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	3	0	3 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	15	0	15 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	6	0	6 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	5	0	5 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 260020

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

Worksheet S-7

Date/Time Prepared:
11/16/2016 4:27 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		507	0	507	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		41180		201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		2,167,776			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10	Date/Time Prepared: 11/16/2016 4:28 pm
					1.00
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.255912	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			28,496,421	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			4,739,762	5.00
6.00	Medicaid charges			185,839,048	6.00
7.00	Medicaid cost (line 1 times line 6)			47,558,442	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)			14,322,259	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			30,560	9.00
10.00	Stand-alone SCHIP charges			220,798	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			56,505	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			25,945	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)			125,965	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			875,559	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			224,066	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)			98,101	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			14,446,305	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	99,171,598	58,451,752	157,623,350	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	25,379,202	14,958,505	40,337,707	21.00
22.00	Partial payment by patients approved for charity care	630,297	594,525	1,224,822	22.00
23.00	Cost of charity care (line 21 minus line 22)	24,748,905	14,363,980	39,112,885	23.00
					1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			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)			64,915,876	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,532,620	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			63,383,256	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			16,220,536	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			55,333,421	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			69,779,726	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet A Date/Time Prepared: 11/16/2016 4:27 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	26,988,879	26,988,879	1.00	
1.01	00101	OTHER BUILDING-MOB	0	0	1,612,849	1,612,849	1.01	
1.02	00102	OTHER BUILDING-CANCER CENTER	0	0	1,340,520	1,340,520	1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	21,087,557	21,087,557	2.00	
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	588,757	588,757	2.01	
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	1,818,517	1,818,517	2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	68,046,162	68,046,162	-7,322,164	60,723,998	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.02
5.03	00540	ADMINITTING	4,339,189	247,760	4,586,949	-65,280	4,521,669	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	19,889,153	152,995,906	172,885,059	-3,071,509	169,813,550	5.04
6.00	00600	MAINTENANCE & REPAIRS	3,211,002	17,880,546	21,091,548	-5,761,070	15,330,478	6.00
7.00	00700	OPERATION OF PLANT	1,460,052	3,642,117	5,102,169	-1,991,494	3,110,675	7.00
7.01	00701	OTHER BUILDING-MOB	0	4,263,590	4,263,590	-1,597,173	2,666,417	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	2,097,846	2,097,846	-961,345	1,136,501	7.02
7.03	00703	HEART HOSPITAL	0	2,513,026	2,513,026	-2,513,026	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	549,838	581,431	1,131,269	2,676,678	3,807,947	8.00
9.00	00900	HOUSEKEEPING	5,759,208	268,746	6,027,954	-58,113	5,969,841	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	7,218,648	6,903,797	14,122,445	-463,716	13,658,729	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,956,060	631,939	5,587,999	-1,179,875	4,408,124	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,514,537	1,499,742	5,014,279	-652,107	4,362,172	14.00
15.00	01500	PHARMACY	10,574,101	93,074,004	103,648,105	-91,243,814	12,404,291	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	641,187	357,075	998,262	0	998,262	16.00
17.00	01700	SOCIAL SERVICE	0	1,045,680	1,045,680	-13,995	1,031,685	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,108,393	1,338,064	6,446,457	-98,530	6,347,927	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,894,674	4,117,204	12,011,878	-5,005,929	7,005,949	22.00
23.00	02300	PARAMED ED PRGM	200,309	10,671	210,980	0	210,980	23.00
23.01	02301	RADIOLOGY SCHOOL	185,463	7,497	192,960	-694	192,266	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,723,915	14,451,636	62,175,551	-10,839,207	51,336,344	30.00
31.00	03100	INTENSIVE CARE UNIT	10,798,430	3,908,160	14,706,590	1,970,810	16,677,400	31.00
32.00	03200	CORONARY CARE UNIT	3,386,137	1,023,415	4,409,552	-326,394	4,083,158	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,799,145	539,870	2,339,015	-159,525	2,179,490	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	12,594,246	4,399,243	16,993,489	-1,780,896	15,212,593	35.00
40.00	04000	SUBPROVIDER - I PF	5,746,508	960,912	6,707,420	97,538	6,804,958	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	102,352	111,310	213,662	5,211,761	5,425,423	43.00
44.00	04400	SKILLED NURSING FACILITY	880,179	637,020	1,517,199	-804,578	712,621	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	250,945	250,945	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,095,181	62,645,182	76,740,363	-58,251,056	18,489,307	50.00
51.00	05100	RECOVERY ROOM	1,991,733	187,793	2,179,526	-127,185	2,052,341	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,920,628	5,203,139	15,123,767	-3,983,682	11,140,085	52.00
53.00	05300	ANESTHESIOLOGY	488,942	6,245,059	6,734,001	-5,049,561	1,684,440	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,129,229	8,420,935	16,550,164	-5,929,064	10,621,100	54.00
54.01	05401	ULTRASOUND	1,696,060	1,549,668	3,245,728	-910,224	2,335,504	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,303,651	5,560,596	7,864,247	-1,916,220	5,948,027	55.00
56.00	05600	RADIOISOTOPE	1,033,075	2,559,968	3,593,043	-2,038,947	1,554,096	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	1,114,183	1,462,857	2,577,040	-1,297,289	1,279,751	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	570,787	627,978	1,198,765	-615,170	583,595	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,445,672	4,494,536	6,940,208	-4,824,021	2,116,187	59.00
60.00	06000	LABORATORY	10,275,130	18,391,827	28,666,957	-962,365	27,704,592	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,569,178	2,572,982	5,142,160	-156,171	4,985,989	62.00
65.00	06500	RESPIRATORY THERAPY	7,913,222	3,610,508	11,523,730	-4,075,653	7,448,077	65.00
66.00	06600	PHYSICAL THERAPY	12,080,457	5,545,764	17,626,221	-1,388,792	16,237,429	66.00
69.00	06900	ELECTROCARDIOLOGY	6,318,054	16,469,852	22,787,906	-14,742,584	8,045,322	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	42,202,020	42,202,020	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	50,414,652	50,414,652	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	103,045,821	103,045,821	73.00
74.00	07400	RENAL DIALYSIS	613,273	290,005	903,278	-269,517	633,761	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,368,063	6,168,871	10,536,934	-4,376,356	6,160,578	75.00
76.00	03020	CARDIAC REHAB	910,415	76,049	986,464	-39,610	946,854	76.00
76.01	03030	GI LAB	3,668,723	4,980,171	8,648,894	-3,835,634	4,813,260	76.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260020

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

Worksheet A
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
76.02	03040	ECT	209,369	82,964	292,333	-125,855	166,478	76.02
76.03	03050	OP PSYCH	766,285	781,399	1,547,684	-196,660	1,351,024	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,499,243	5,399,437	10,898,680	-3,801,581	7,097,099	90.00
90.01	09001	HYPERBARIC/OP WOUND	984,322	574,481	1,558,803	-278,163	1,280,640	90.01
91.00	09100	EMERGENCY	24,542,985	7,614,167	32,157,152	-1,417,725	30,739,427	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	1,513,780	450,153	1,963,933	-788,975	1,174,958	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	61,322	61,322	-61,322	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	284,554,366	559,582,032	844,136,398	1,937,488	846,073,886	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	306,674	1,444,568	1,751,242	-75,990	1,675,252	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,226,478	320,818	1,547,296	-137,071	1,410,225	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	19,114,593	5,989,357	25,103,950	-2,719,206	22,384,744	192.00
193.00	19300	NONPAID WORKERS	103,083	90,063	193,146	-59,377	133,769	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	259,050	89,873	348,923	-14,807	334,116	194.00
194.01	07951	HOSPICE	1,336	114,349	115,685	-959	114,726	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	731,113	878,179	1,609,292	1,070,424	2,679,716	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	-410	60,230	59,820	-502	59,318	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118-199)	306,296,283	568,569,469	874,865,752	0	874,865,752	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260020

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

Worksheet A
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,961,632	28,950,511	1.00
1.01	00101	OTHER BUILDING-MOB	0	1,612,849	1.01
1.02	00102	OTHER BUILDING-CANCER CENTER	0	1,340,520	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	20,276,939	41,364,496	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	588,757	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	1,818,517	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	26,462,400	87,186,398	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	5.02
5.03	00540	ADMINISTRATIVE	0	4,521,669	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	13,314,053	183,127,603	5.04
6.00	00600	MAINTENANCE & REPAIRS	11,848,158	27,178,636	6.00
7.00	00700	OPERATION OF PLANT	-222,865	2,887,810	7.00
7.01	00701	OTHER BUILDING-MOB	-2,666,417	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	-1,136,501	0	7.02
7.03	00703	HEART HOSPITAL	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	-53,000	3,754,947	8.00
9.00	00900	HOUSEKEEPING	-177,571	5,792,270	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	9.03
10.00	01000	DIETARY	-5,722,152	7,936,577	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-27,267	4,380,857	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,820	4,360,352	14.00
15.00	01500	PHARMACY	-80,862	12,323,429	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	693,856	1,692,118	16.00
17.00	01700	SOCIAL SERVICE	-61,474	970,211	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,509	6,346,418	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,517,360	5,488,589	22.00
23.00	02300	PARAMED ED PRGM	-46,800	164,180	23.00
23.01	02301	RADIOLOGY SCHOOL	-71,430	120,836	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,575,531	47,760,813	30.00
31.00	03100	INTENSIVE CARE UNIT	-3,829,849	12,847,551	31.00
32.00	03200	CORONARY CARE UNIT	0	4,083,158	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	2,179,490	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	-174,021	15,038,572	35.00
40.00	04000	SUBPROVIDER - I PF	-201,387	6,603,571	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	5,425,423	43.00
44.00	04400	SKILLED NURSING FACILITY	-2,581	710,040	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	250,945	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-311,582	18,177,725	50.00
51.00	05100	RECOVERY ROOM	0	2,052,341	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-32,435	11,107,650	52.00
53.00	05300	ANESTHESIOLOGY	0	1,684,440	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-536,127	10,084,973	54.00
54.01	05401	ULTRASOUND	-281,986	2,053,518	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-160	5,947,867	55.00
56.00	05600	RADIOISOTOPE	0	1,554,096	56.00
56.01	05601	ONCOLOGY	0	0	56.01
57.00	05700	CT SCAN	-11,585	1,268,166	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	583,595	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,116,187	59.00
60.00	06000	LABORATORY	-109,026	27,595,566	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-41,124	4,944,865	62.00
65.00	06500	RESPIRATORY THERAPY	-159,864	7,288,213	65.00
66.00	06600	PHYSICAL THERAPY	-1,946,767	14,290,662	66.00
69.00	06900	ELECTROCARDIOLOGY	-1,854,538	6,190,784	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	42,202,020	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	50,414,652	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	103,045,821	73.00
74.00	07400	RENAL DIALYSIS	0	633,761	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-129,910	6,030,668	75.00
76.00	03020	CARDIAC REHAB	-5,451	941,403	76.00
76.01	03030	GI LAB	-39,265	4,773,995	76.01
76.02	03040	ECT	0	166,478	76.02
76.03	03050	OP PSYCH	-103,360	1,247,664	76.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260020

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

Worksheet A
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	-3,059,396	4,037,703	90.00
90.01	09001 HYPERBARIC/OP WOUND	-395,805	884,835	90.01
91.00	09100 EMERGENCY	-14,485,876	16,253,551	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201 AMBULATORY CARE UNIT	0	1,174,958	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	31,482,384	877,556,270	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,675,252	190.00
190.01	19001 VENDING MACHINES	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	190.02
191.00	19100 RESEARCH	0	1,410,225	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	22,384,744	192.00
193.00	19300 NONPAID WORKERS	0	133,769	193.00
193.01	19301 MEALS ON WHEELS	0	0	193.01
193.03	19303 CONVENT	0	0	193.03
193.06	19306 VACANT SPACE	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	0	334,116	194.00
194.01	07951 HOSPICE	0	114,726	194.01
194.02	07952 SHARED SERVICES	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	0	2,679,716	194.03
194.04	07954 SJMH SHARED SERVICES	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.07
194.08	07958 REHAB HOSPITAL	0	59,318	194.08
194.09	07960 MERCY SAFEWATCH	0	0	194.09
200.00	TOTAL (SUM OF LINES 118-199)	31,482,384	906,348,136	200.00

RECLASSIFICATIONS

Provider CCN: 260020

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

Worksheet A-6
Date/Time Prepared:
11/16/2016 4:27 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NURSERY COSTS					
1.00	NURSERY	43.00	3,896,604	1,321,239	1.00
	0		3,896,604	1,321,239	
B - INTERNS AND RESIDENTS					
1.00	I & R SERVICES-OTHER PRGM COSTS APPRVD	22.00	953,084	0	1.00
	0		953,084	0	
C - CONFIDENTIAL PAYROLL					
1.00	ADULTS & PEDIATRICS	30.00	380,167	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	387,649	566,490	2.00
3.00	ADULTS & PEDIATRICS	30.00	2,696,908	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	50,000	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	3,661,268	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	40,009	0	6.00
7.00	SUBPROVIDER - IPF	40.00	203,990	0	7.00
8.00	OPERATING ROOM	50.00	480,341	0	8.00
9.00	RESPIRATORY THERAPY	65.00	162,042	0	9.00
10.00	ELECTROCARDIOLOGY	69.00	256,280	0	10.00
11.00	GI LAB	76.01	38,925	0	11.00
12.00	EMERGENCY	91.00	2,918,721	0	12.00
	0		11,276,300	566,490	
D - BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	25,399,887	1.00
2.00	OTHER BUILDING-MOB	1.01	0	1,174,902	2.00
3.00	OTHER BUILDING-CANCER CENTER	1.02	0	1,216,996	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
	0		0	27,791,785	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
E - HOUSEKEEPING SERVICES					
1.00	OPERATION OF PLANT	7.00	0	227,442	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	0		0	227,442	
F - COST OF DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	103,045,821	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
	0		0	103,045,821	
G - PLANT MAINTENANCE					
1.00	OPERATION OF PLANT	7.00	0	464,023	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00

RECLASSIFICATIONS

Provider CCN: 260020

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
0			0	464,023		
H - NONCERTIFIED SNF						
1.00	OTHER LONG TERM CARE	46.00	220,623	30,322	1.00	
0			220,623	30,322		
I - PROPERTY TAX						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,389,073	1.00	
2.00	OTHER BUILDING-MOB	1.01	0	437,947	2.00	
3.00	OTHER BUILDING-CANCER CENTER	1.02	0	123,524	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
0			0	1,950,544		
J - PENSION RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	12,919,559	1.00	
0			0	12,919,559		
K - INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	199,919	1.00	
	TOTALS		0	199,919		
L - DIETARY TECH SALARY						
1.00	SUBPROVIDER - IPF	40.00	54,814	0	1.00	
2.00	CLINIC	90.00	55,782	0	2.00	
	TOTALS		110,596	0		
M - EQUIPMENT DEPRECIATION (PT. 1)						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	21,087,557	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0	588,757	2.00	
3.00	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	2.02	0	1,818,517	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	

RECLASSIFICATIONS

Provider CCN: 260020

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
TOTALS			0	23,494,831	
N - CRITICAL CARE FELLOWSHIP PROGRAM					
1.00	INTENSIVE CARE UNIT	31.00	954,171	1,039	1.00
2.00	CORONARY CARE UNIT	32.00	227,183	247	2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	227,183	247	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	227,183	247	4.00
TOTALS			1,635,720	1,780	
O - UTILITIES - SNF ADMINISTRATION					
1.00	OPERATION OF PLANT	7.00	0	42,391	1.00
TOTALS			0	42,391	
P - STAFF BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	624,419	1.00
2.00	ULTRASOUND	54.01	0	4	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
TOTALS			0	624,423	
Q - PHYSICIANS' BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,989,262	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00

RECLASSIFICATIONS

Provider CCN: 260020

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
	TOTALS		0	4,989,262		
R - LAUNDRY						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	2,683,166		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
	TOTALS		0	2,683,166		
S - PATIENT PLACEMENT						
1.00	NURSING ADMINISTRATION	13.00	820,276	17,867		1.00
	TOTALS		820,276	17,867		
T - INTERVENTIONAL CARE HH						
1.00	CORONARY CARE UNIT	32.00	89,041	14,002		1.00
	TOTALS		89,041	14,002		
U - PACU RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	13,326	965		1.00
	TOTALS		13,326	965		
V - EMERGENCY DEPARTMENT ROUTINE REVENUE						
1.00	ADULTS & PEDIATRICS	30.00	460,282	168,507		1.00
	TOTALS		460,282	168,507		
W - AMBULATORY CARE UNIT						
1.00	ADULTS & PEDIATRICS	30.00	390,791	40,937		1.00
	TOTALS		390,791	40,937		
X - MOB HEART HOSPITAL						
1.00	OPERATION OF PLANT	7.00	0	449,323		1.00
	TOTALS		0	449,323		
Y - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	42,202,020		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
TOTALS			0	42,202,020		
Z - IMPLANT SUPPLIES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	50,414,652		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
TOTALS			0	50,414,652		
AA - CHILD CARE CENTER						
1.00	ST. JOHN'S MERCY HEALTH CARE	194.03	1,090,497	124,018		1.00
TOTALS			1,090,497	124,018		
BB - BENEFITS/SALARY RECLASS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	21,724	0		1.00
TOTALS			21,724	0		
CC - AMBULANCE SERVICES						
1.00	EMERGENCY	91.00	0	61,322		1.00
TOTALS			0	61,322		
500.00	Grand Total: Increases		20,978,864	273,846,610		500.00

RECLASSIFICATIONS

Provider CCN: 260020

Period:
From 07/01/2015
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Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - NURSERY COSTS						
1.00 ADULTS & PEDIATRICS	30.00	3,896,604	1,321,239	0		1.00
O		3,896,604	1,321,239			
B - INTERNS AND RESIDENTS						
1.00 OTHER ADMINISTRATIVE AND GENERAL	5.04	953,084	0	0		1.00
O		953,084	0			
C - CONFIDENTIAL PAYROLL						
1.00 OTHER ADMINISTRATIVE AND GENERAL	5.04	6,757,525	0	0		1.00
2.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	4,518,775	566,490	0		2.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	0.00	0	0	0		6.00
7.00	0.00	0	0	0		7.00
8.00	0.00	0	0	0		8.00
9.00	0.00	0	0	0		9.00
10.00	0.00	0	0	0		10.00
11.00	0.00	0	0	0		11.00
12.00	0.00	0	0	0		12.00
O		11,276,300	566,490			
D - BUILDING DEPRECIATION						
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	675	9		1.00
2.00 ADMITTING	5.03	0	52,608	9		2.00
3.00 OTHER ADMINISTRATIVE AND GENERAL	5.04	0	3,304,561	9		3.00
4.00 MAINTENANCE & REPAIRS	6.00	0	5,564,894	9		4.00
5.00 OPERATION OF PLANT	7.00	0	2,976,751	9		5.00
6.00 OTHER BUILDING-MOB	7.01	0	561,729	9		6.00
7.00 OTHER BUILDING-CANCER CENTER	7.02	0	693,575	9		7.00
8.00 HEART HOSPITAL	7.03	0	1,983,798	9		8.00
9.00 HOUSEKEEPING	9.00	0	5,521	9		9.00
10.00 DIETARY	10.00	0	113,691	9		10.00
11.00 NURSING ADMINISTRATION	13.00	0	150,215	9		11.00
12.00 CENTRAL SERVICES & SUPPLY	14.00	0	313,445	9		12.00
13.00 PHARMACY	15.00	0	221,287	9		13.00
14.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	119,479	9		14.00
15.00 ADULTS & PEDIATRICS	30.00	0	4,065,150	9		15.00
16.00 INTENSIVE CARE UNIT	31.00	0	322,236	9		16.00
17.00 CORONARY CARE UNIT	32.00	0	8,335	9		17.00
18.00 BURN INTENSIVE CARE UNIT	33.00	0	35,011	9		18.00
19.00 NEONATAL INTENSIVE CARE UNIT	35.00	0	657,996	9		19.00
20.00 SUBPROVIDER - IPF	40.00	0	79,704	9		20.00
21.00 SKILLED NURSING FACILITY	44.00	0	337,158	9		21.00
22.00 OPERATING ROOM	50.00	0	616,159	9		22.00
23.00 DELIVERY ROOM & LABOR ROOM	52.00	0	1,030,967	9		23.00
24.00 RADIOLOGY-DIAGNOSTIC	54.00	0	486,562	9		24.00
25.00 ULTRASOUND	54.01	0	370,808	9		25.00
26.00 RADIOLOGY-THERAPEUTIC	55.00	0	228,060	9		26.00
27.00 RADIOISOTOPE	56.00	0	105,537	9		27.00
28.00 CT SCAN	57.00	0	82,270	9		28.00
29.00 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	112,720	9		29.00
30.00 CARDIAC CATHETERIZATION	59.00	0	49,037	9		30.00
31.00 LABORATORY	60.00	0	243,399	9		31.00
32.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	92,424	9		32.00
33.00 RESPIRATORY THERAPY	65.00	0	172,144	9		33.00
34.00 PHYSICAL THERAPY	66.00	0	485,963	9		34.00
35.00 ELECTROCARDIOLOGY	69.00	0	96,301	9		35.00
36.00 RENAL DIALYSIS	74.00	0	6,957	9		36.00
37.00 ASC (NON-DISTINCT PART)	75.00	0	493,548	9		37.00
38.00 GI LAB	76.01	0	603,144	9		38.00
39.00 OP PSYCH	76.03	0	101,793	9		39.00
40.00 CLINIC	90.00	0	196,373	9		40.00
41.00 HYPERBARIC/OP WOUND	90.01	0	3,193	9		41.00
42.00 EMERGENCY	91.00	0	360,920	9		42.00
43.00 AMBULATORY CARE UNIT	92.01	0	32,810	9		43.00
44.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	71,564	9		44.00
45.00 RESEARCH	191.00	0	119,595	9		45.00

RECLASSIFICATIONS

Provider CCN: 260020

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
46.00	NONPAID WORKERS	193.00	0	49,051	9	46.00
47.00	NEIGHBORHOOD MINI STRIES	194.00	0	12,447	9	47.00
48.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	220	9	48.00
	0		0	27,791,785		
E - HOUSEKEEPING SERVICES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	102	0	1.00
2.00	OTHER BUILDING-MOB	7.01	0	104,100	0	2.00
3.00	OTHER BUILDING-CANCER CENTER	7.02	0	3,012	0	3.00
4.00	DIETARY	10.00	0	205	0	4.00
5.00	PHARMACY	15.00	0	27	0	5.00
6.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	421	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,356	0	7.00
8.00	ULTRASOUND	54.01	0	6,440	0	8.00
9.00	LABORATORY	60.00	0	7,298	0	9.00
10.00	PHYSICAL THERAPY	66.00	0	26,935	0	10.00
11.00	GI LAB	76.01	0	35,263	0	11.00
12.00	OP PSYCH	76.03	0	36,719	0	12.00
13.00	CLINIC	90.00	0	67	0	13.00
14.00	EMERGENCY	91.00	0	4,954	0	14.00
15.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	543	0	15.00
	0		0	227,442		
F - COST OF DRUGS						
1.00	ADMINISTRATIVE	5.03	0	8	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	87	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	23	0	3.00
4.00	DIETARY	10.00	0	72	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	365	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,081	0	6.00
7.00	PHARMACY	15.00	0	90,450,609	0	7.00
8.00	SOCIAL SERVICE	17.00	0	13,995	0	8.00
9.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	5	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	692,323	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	312,532	0	11.00
12.00	CORONARY CARE UNIT	32.00	0	56,980	0	12.00
13.00	BURN INTENSIVE CARE UNIT	33.00	0	50,094	0	13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	91,302	0	14.00
15.00	SUBPROVIDER - IPF	40.00	0	3,411	0	15.00
16.00	SKILLED NURSING FACILITY	44.00	0	814	0	16.00
17.00	OPERATING ROOM	50.00	0	213,865	0	17.00
18.00	RECOVERY ROOM	51.00	0	23,689	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	152,130	0	19.00
20.00	ANESTHESIOLOGY	53.00	0	2,606,292	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	367,458	0	21.00
22.00	ULTRASOUND	54.01	0	1,997	0	22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	555	0	23.00
24.00	RADIOISOTOPE	56.00	0	1,546,116	0	24.00
25.00	CT SCAN	57.00	0	631,961	0	25.00
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	160,263	0	26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	146,789	0	27.00
28.00	LABORATORY	60.00	0	1,576	0	28.00
29.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	24,007	0	29.00
30.00	RESPIRATORY THERAPY	65.00	0	773,916	0	30.00
31.00	PHYSICAL THERAPY	66.00	0	2,031	0	31.00
32.00	ELECTROCARDIOLOGY	69.00	0	615,421	0	32.00
33.00	RENAL DIALYSIS	74.00	0	81,520	0	33.00
34.00	ASC (NON-DISTINCT PART)	75.00	0	125,000	0	34.00
35.00	CARDIAC REHAB	76.00	0	10	0	35.00
36.00	GI LAB	76.01	0	433,845	0	36.00
37.00	ECT	76.02	0	25,303	0	37.00
38.00	OP PSYCH	76.03	0	71	0	38.00
39.00	CLINIC	90.00	0	3,189,907	0	39.00
40.00	HYPERBARIC/OP WOUND	90.01	0	3,098	0	40.00
41.00	EMERGENCY	91.00	0	194,860	0	41.00
42.00	AMBULATORY CARE UNIT	92.01	0	23,053	0	42.00
43.00	RESEARCH	191.00	0	284	0	43.00
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,240	0	44.00
45.00	NEIGHBORHOOD MINI STRIES	194.00	0	1,590	0	45.00
46.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	22,891	0	46.00

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
47.00	REHAB HOSPITAL	194.08	0	382	0	47.00	
			0	103,045,821			
G - PLANT MAINTENANCE							
1.00	ADMITTING	5.03	0	29	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	478	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	349	0	3.00	
4.00	OTHER BUILDING-MOB	7.01	0	312,516	0	4.00	
5.00	OTHER BUILDING-CANCER CENTER	7.02	0	129,888	0	5.00	
6.00	HOUSEKEEPING	9.00	0	14,886	0	6.00	
7.00	DIETARY	10.00	0	29	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	29	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	146	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	58	0	10.00	
11.00	OPERATING ROOM	50.00	0	221	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	194	0	12.00	
13.00	LABORATORY	60.00	0	375	0	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	33	0	14.00	
15.00	PHYSICAL THERAPY	66.00	0	29	0	15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	130	0	16.00	
17.00	RENAL DIALYSIS	74.00	0	25	0	17.00	
18.00	CLINIC	90.00	0	4,608	0	18.00	
			0	464,023			
H - NONCERTIFIED SNF							
1.00	SKILLED NURSING FACILITY	44.00	220,623	30,322	0	1.00	
			220,623	30,322			
I - PROPERTY TAX							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,132,603	13	1.00	
2.00	OTHER BUILDING-MOB	7.01	0	599,588	13	2.00	
3.00	OTHER BUILDING-CANCER CENTER	7.02	0	123,524	13	3.00	
4.00	PHYSICAL THERAPY	66.00	0	44,593	13	4.00	
5.00	OP PSYCH	76.03	0	50,236	13	5.00	
			0	1,950,544			
J - PENSION RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,919,559	0	1.00	
			0	12,919,559			
K - INTEREST EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	199,919	11	1.00	
	TOTALS		0	199,919			
L - DIETARY TECH SALARY							
1.00	DIETARY	10.00	110,596	0	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		110,596	0			
M - EQUIPMENT DEPRECIATION (PT. I)							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,622	9	1.00	
2.00	ADMITTING	5.03	0	12,197	9	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	2,218,804	9	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	196,153	9	4.00	
5.00	OPERATION OF PLANT	7.00	0	197,519	9	5.00	
6.00	OTHER BUILDING-MOB	7.01	0	19,240	9	6.00	
7.00	OTHER BUILDING-CANCER CENTER	7.02	0	11,346	9	7.00	
8.00	HEART HOSPITAL	7.03	0	79,905	9	8.00	
9.00	LAUNDRY & LINEN SERVICE	8.00	0	6,488	9	9.00	
10.00	HOUSEKEEPING	9.00	0	37,430	9	10.00	
11.00	DIETARY	10.00	0	154,043	9	11.00	
12.00	NURSING ADMINISTRATION	13.00	0	220,129	9	12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	336,187	9	13.00	
14.00	PHARMACY	15.00	0	563,062	9	14.00	
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	31,072	9	15.00	
16.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34,868	9	16.00	
17.00	RADIOLOGY SCHOOL	23.01	0	694	9	17.00	
18.00	ADULTS & PEDIATRICS	30.00	0	2,288,168	9	18.00	
19.00	INTENSIVE CARE UNIT	31.00	0	654,819	9	19.00	
20.00	CORONARY CARE UNIT	32.00	0	251,050	9	20.00	
21.00	BURN INTENSIVE CARE UNIT	33.00	0	59,516	9	21.00	
22.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	676,025	9	22.00	
23.00	SUBPROVIDER - IPF	40.00	0	34,271	9	23.00	
24.00	NURSERY	43.00	0	6,082	9	24.00	
25.00	SKILLED NURSING FACILITY	44.00	0	159,090	9	25.00	

RECLASSIFICATIONS

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To 06/30/2016

Worksheet A-6
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Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
26.00	OPERATING ROOM	50.00	0	3,712,455	9		26.00	
27.00	RECOVERY ROOM	51.00	0	29,192	9		27.00	
28.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,336,955	9		28.00	
29.00	ANESTHESIOLOGY	53.00	0	338,274	9		29.00	
30.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,922,441	9		30.00	
31.00	ULTRASOUND	54.01	0	497,255	9		31.00	
32.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,454,745	9		32.00	
33.00	RADIOISOTOPE	56.00	0	360,864	9		33.00	
34.00	CT SCAN	57.00	0	348,238	9		34.00	
35.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	249,247	9		35.00	
36.00	CARDIAC CATHETERIZATION	59.00	0	476,124	9		36.00	
37.00	LABORATORY	60.00	0	709,615	9		37.00	
38.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	32,338	9		38.00	
39.00	RESPIRATORY THERAPY	65.00	0	572,953	9		39.00	
40.00	PHYSICAL THERAPY	66.00	0	169,461	9		40.00	
41.00	ELECTROCARDIOLOGY	69.00	0	929,652	9		41.00	
42.00	RENAL DIALYSIS	74.00	0	20,643	9		42.00	
43.00	ASC (NON-DISTINCT PART)	75.00	0	582,483	9		43.00	
44.00	CARDIAC REHAB	76.00	0	33,273	9		44.00	
45.00	GI LAB	76.01	0	727,839	9		45.00	
46.00	ECT	76.02	0	2,783	9		46.00	
47.00	OP PSYCH	76.03	0	7,841	9		47.00	
48.00	CLINIC	90.00	0	117,029	9		48.00	
49.00	HYPERBARIC/OP WOUND	90.01	0	27,625	9		49.00	
50.00	EMERGENCY	91.00	0	378,636	9		50.00	
51.00	AMBULATORY CARE UNIT	92.01	0	169,616	9		51.00	
52.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4,426	9		52.00	
53.00	RESEARCH	191.00	0	8,528	9		53.00	
54.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,723	9		54.00	
55.00	NONPAID WORKERS	193.00	0	10,326	9		55.00	
56.00	NEIGHBORHOOD MINI STRIES	194.00	0	163	9		56.00	
57.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	188	9		57.00	
58.00	REHAB HOSPITAL	194.08	0	120	9		58.00	
TOTALS				0	23,494,831			
N - CRITICAL CARE FELLOWSHIP PROGRAM								
1.00	NURSING ADMINISTRATION	13.00	1,635,720	1,780	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	
TOTALS				1,635,720	1,780			
O - UTILITIES - SNF ADMINISTRATION								
1.00	SKILLED NURSING FACILITY	44.00	0	42,391	0		1.00	
TOTALS				0	42,391			
P - STAFF BENEFITS								
1.00	ADMINISTRATIVE	5.03	0	438	0		1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	4,953	0		2.00	
3.00	NURSING ADMINISTRATION	13.00	0	9,626	0		3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	512	0		4.00	
5.00	PHARMACY	15.00	0	165	0		5.00	
6.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	61,908	0		6.00	
7.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	221,960	0		7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	2,987	0		8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	637	0		9.00	
10.00	CORONARY CARE UNIT	32.00	0	303	0		10.00	
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,538	0		11.00	
12.00	OPERATING ROOM	50.00	0	1,015	0		12.00	
13.00	RECOVERY ROOM	51.00	0	89	0		13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,792	0		14.00	
15.00	RADIOISOTOPE	56.00	0	120	0		15.00	
16.00	RESPIRATORY THERAPY	65.00	0	33	0		16.00	
17.00	PHYSICAL THERAPY	66.00	0	4,128	0		17.00	
18.00	ELECTROCARDIOLOGY	69.00	0	54,602	0		18.00	
19.00	ASC (NON-DISTINCT PART)	75.00	0	221	0		19.00	
20.00	GI LAB	76.01	0	1,024	0		20.00	
21.00	CLINIC	90.00	0	99	0		21.00	
22.00	HYPERBARIC/OP WOUND	90.01	0	6,446	0		22.00	
23.00	EMERGENCY	91.00	0	4,101	0		23.00	
24.00	RESEARCH	191.00	0	542	0		24.00	

RECLASSIFICATIONS

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Worksheet A-6
Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	156,817	0	25.00	
26.00	NEIGHBORHOOD MINISTRIES	194.00	0	607	0	26.00	
27.00	HOSPICE	194.01	0	959	0	27.00	
28.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	85,801	0	28.00	
	TOTALS		0	624,423			
Q - PHYSICIANS' BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	203,489	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	54	0	2.00	
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	5,455	0	3.00	
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	497,020	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	250	0	5.00	
6.00	OPERATING ROOM	50.00	0	3,156	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	88	0	7.00	
8.00	PHYSICAL THERAPY	66.00	0	198,084	0	8.00	
9.00	ELECTROCARDIOLOGY	69.00	0	1,824	0	9.00	
10.00	CLINIC	90.00	0	25,119	0	10.00	
11.00	HYPERBARIC/OP WOUND	90.01	0	45,766	0	11.00	
12.00	EMERGENCY	91.00	0	1,414,308	0	12.00	
13.00	RESEARCH	191.00	0	7,418	0	13.00	
14.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,552,240	0	14.00	
15.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	34,991	0	15.00	
	TOTALS		0	4,989,262			
R - LAUNDRY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,989	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	87	0	2.00	
3.00	HOUSEKEEPING	9.00	0	276	0	3.00	
4.00	DIETARY	10.00	0	1,481	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	183	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	853	0	6.00	
7.00	PHARMACY	15.00	0	2,147	0	7.00	
8.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	90	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	1,215,035	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	178,311	0	10.00	
11.00	CORONARY CARE UNIT	32.00	0	66,550	0	11.00	
12.00	BURN INTENSIVE CARE UNIT	33.00	0	53,686	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	67,997	0	13.00	
14.00	SUBPROVIDER - IPF	40.00	0	43,721	0	14.00	
15.00	SKILLED NURSING FACILITY	44.00	0	5,499	0	15.00	
16.00	OPERATING ROOM	50.00	0	78,948	0	16.00	
17.00	RECOVERY ROOM	51.00	0	14,429	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	184,718	0	18.00	
19.00	ANESTHESIOLOGY	53.00	0	220	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	124,485	0	20.00	
21.00	ULTRASOUND	54.01	0	21,398	0	21.00	
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	56,265	0	22.00	
23.00	RADIOISOTOPE	56.00	0	10,205	0	23.00	
24.00	CT SCAN	57.00	0	18,614	0	24.00	
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	11,768	0	25.00	
26.00	CARDIAC CATHETERIZATION	59.00	0	38,760	0	26.00	
27.00	LABORATORY	60.00	0	49	0	27.00	
28.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,084	0	28.00	
29.00	RESPIRATORY THERAPY	65.00	0	12,220	0	29.00	
30.00	PHYSICAL THERAPY	66.00	0	85,593	0	30.00	
31.00	ELECTROCARDIOLOGY	69.00	0	46,646	0	31.00	
32.00	RENAL DIALYSIS	74.00	0	6,112	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0	80,639	0	33.00	
34.00	CARDIAC REHAB	76.00	0	1,527	0	34.00	
35.00	GI LAB	76.01	0	53,891	0	35.00	
36.00	ECT	76.02	0	4,682	0	36.00	
37.00	CLINIC	90.00	0	26,160	0	37.00	
38.00	EMERGENCY	91.00	0	142,816	0	38.00	
39.00	AMBULATORY CARE UNIT	92.01	0	17,685	0	39.00	
40.00	RESEARCH	191.00	0	704	0	40.00	
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,643	0	41.00	
	TOTALS		0	2,683,166			

RECLASSIFICATIONS

Provider CCN: 260020

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
S - PATIENT PLACEMENT							
1.00	ADULTS & PEDIATRICS	30.00	820,276	17,867	0	1.00	
	TOTALS		820,276	17,867			
T - INTERVENTIONAL CARE HH							
1.00	CARDIAC CATHETERIZATION	59.00	89,041	14,002	0	1.00	
	TOTALS		89,041	14,002			
U - PACU RECLASS							
1.00	RECOVERY ROOM	51.00	13,326	965	0	1.00	
	TOTALS		13,326	965			
V - EMERGENCY DEPARTMENT ROUTINE REVENUE							
1.00	EMERGENCY	91.00	460,282	168,507	0	1.00	
	TOTALS		460,282	168,507			
W - AMBULATORY CARE UNIT							
1.00	AMBULATORY CARE UNIT	92.01	390,791	40,937	0	1.00	
	TOTALS		390,791	40,937			
X - MOB HEART HOSPITAL							
1.00	HEART HOSPITAL	7.03	0	449,323	0	1.00	
	TOTALS		0	449,323			
Y - MEDICAL SUPPLIES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	861	0	1.00	
2.00	DIETARY	10.00	0	83,599	0	2.00	
3.00	PHARMACY	15.00	0	6,517	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	1,675,434	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	1,176,825	0	5.00	
6.00	CORONARY CARE UNIT	32.00	0	273,649	0	6.00	
7.00	BURN INTENSIVE CARE UNIT	33.00	0	188,648	0	7.00	
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	553,477	0	8.00	
9.00	SUBPROVIDER - IPF	40.00	0	159	0	9.00	
10.00	SKILLED NURSING FACILITY	44.00	0	8,681	0	10.00	
11.00	OPERATING ROOM	50.00	0	17,777,278	0	11.00	
12.00	RECOVERY ROOM	51.00	0	44,635	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,033,943	0	13.00	
14.00	ANESTHESIOLOGY	53.00	0	2,104,775	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,282,300	0	15.00	
16.00	ULTRASOUND	54.01	0	12,330	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	173,327	0	17.00	
18.00	RADIOISOTOPE	56.00	0	16,105	0	18.00	
19.00	CT SCAN	57.00	0	215,305	0	19.00	
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	81,172	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	1,694,125	0	21.00	
22.00	LABORATORY	60.00	0	53	0	22.00	
23.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	6,318	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	2,693,196	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	371,975	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	4,501,340	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	154,260	0	27.00	
28.00	ASC (NON-DISTINCT PART)	75.00	0	1,435,240	0	28.00	
29.00	CARDIAC REHAB	76.00	0	4,800	0	29.00	
30.00	GI LAB	76.01	0	1,802,223	0	30.00	
31.00	ECT	76.02	0	93,087	0	31.00	
32.00	CLINIC	90.00	0	298,001	0	32.00	
33.00	HYPERBARIC/OP WOUND	90.01	0	72,159	0	33.00	
34.00	EMERGENCY	91.00	0	1,252,181	0	34.00	
35.00	AMBULATORY CARE UNIT	92.01	0	114,042	0	35.00	
	TOTALS		0	42,202,020			
Z - IMPLANT SUPPLIES							
1.00	OPERATING ROOM	50.00	0	36,328,300	0	1.00	
2.00	RECOVERY ROOM	51.00	0	860	0	2.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	242,177	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	744,180	0	4.00	
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,268	0	5.00	
6.00	CT SCAN	57.00	0	901	0	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	2,316,143	0	7.00	
8.00	RESPIRATORY THERAPY	65.00	0	13,200	0	8.00	
9.00	ELECTROCARDIOLOGY	69.00	0	8,752,948	0	9.00	
10.00	ASC (NON-DISTINCT PART)	75.00	0	1,659,225	0	10.00	
11.00	GI LAB	76.01	0	217,330	0	11.00	
12.00	HYPERBARIC/OP WOUND	90.01	0	119,876	0	12.00	
13.00	EMERGENCY	91.00	0	16,203	0	13.00	
14.00	AMBULATORY CARE UNIT	92.01	0	41	0	14.00	
	TOTALS		0	50,414,652			

RECLASSIFICATIONS

Provider CCN: 260020

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	AA - CHILD CARE CENTER						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,090,497	124,018	0		1.00
	TOTALS		1,090,497	124,018			
	BB - BENEFITS/SALARY RECLASS						
1.00	I & R SERVICES-SALARY & FRINGES APPRVD	21.00	0	21,724	0		1.00
	TOTALS		0	21,724			
	CC - AMBULANCE SERVICES						
1.00	AMBULANCE SERVICES	95.00	0	61,322	0		1.00
	TOTALS		0	61,322			
500.00	Grand Total: Decreases		20,957,140	273,868,334			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260020

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

Worksheet A-7
Part I
Date/Time Prepared:
11/16/2016 4:27 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,316,244	0	0	0	365,900	1.00
2.00	Land Improvements	11,996,787	33,673	0	33,673	410,984	2.00
3.00	Buildings and Fixtures	809,121,034	5,701,261	0	5,701,261	10,035,505	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	6,240,931	1,857,693	0	1,857,693	1,196	5.00
6.00	Movable Equipment	261,676,040	19,288,722	0	19,288,722	1,873,383	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,096,351,036	26,881,349	0	26,881,349	12,686,968	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,096,351,036	26,881,349	0	26,881,349	12,686,968	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,950,344	0				1.00
2.00	Land Improvements	11,619,476	5,661,647				2.00
3.00	Buildings and Fixtures	804,786,790	235,184,478				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	8,097,428	4,226,715				5.00
6.00	Movable Equipment	279,091,379	151,055,842				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,110,545,417	396,128,682				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,110,545,417	396,128,682				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260020

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	OTHER BUILDING-MOB	0	0				1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0				2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0				2.02
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet A-7 Part III Date/Time Prepared: 11/16/2016 4:27 pm
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	199,919	0	199,919	1.000000	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0.000000	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0.000000	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0.000000	0	2.02
3.00	Total (sum of lines 1-2)	199,919	0	199,919	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	27,361,519	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	1,174,902	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	1,216,996	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	41,364,496	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	588,757	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	1,818,517	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	73,525,187	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. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	199,919	0	1,389,073	0	28,950,511	1.00
1.01	OTHER BUILDING-MOB	0	0	437,947	0	1,612,849	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	123,524	0	1,340,520	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	41,364,496	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0	588,757	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0	1,818,517	2.02
3.00	Total (sum of lines 1-2)	199,919	0	1,950,544	0	75,675,650	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260020

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

Worksheet A-8

Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0 1.00
1.01 Investment income - OTHER BUILDING-MOB (chapter 2)			OTHER BUILDING-MOB		1.01	0 1.01
1.02 Investment income - OTHER BUILDING-CANCER CENTER (chapter 2)			OTHER BUILDING-CANCER CENTER		1.02	0 1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
2.01 Investment income - NEW CAP REL COSTS-MVBLE EQUIP-MOB (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01	0 2.01
2.02 Investment income - NEW CAP REL COSTS-MVBLE EQUIP-CANCER (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP-CANCER		2.02	0 2.02
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	-27,995,540				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	28,878,105				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-5,535,064	DIETARY		10.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts		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		RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
26.01 Depreciation - OTHER BUILDING-MOB			OTHER BUILDING-MOB		1.01	0 26.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 260020

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

Worksheet A-8

Date/Time Prepared:
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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
26.02 Depreciation - OTHER BUILDI NG-CANCER CENTER			0	OTHER BUI LDI NG-CANCER CENTER	1.02	0	26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUI P			0	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	27.00
27.01 Depreciation - NEW CAP REL COSTS-MVBLE EQUI P-MOB			0	NEW CAP REL COSTS-MVBLE EQUI P-MOB	2.01	0	27.01
27.02 Depreciation - NEW CAP REL COSTS-MVBLE EQUI P-CANCER			0	NEW CAP REL COSTS-MVBLE EQUI P-CANCER	2.02	0	27.02
28.00 Non-physici an 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 & PEDI ATRI CS	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 A&G NON-ALLOWABLE COSTS	A	-50,293	0	OTHER ADMI NI STRATI VE AND GENERAL	5.04	0	33.00
33.01		0	0		0.00	0	33.01
33.02 MI SCELLANEOUS INCOME	B	-2,800	0	GI LAB	76.01	0	33.02
33.03 MI SCELLANEOUS INCOME	B	-35,243	0	OP PSYCH	76.03	0	33.03
33.04 MI SCELLANEOUS INCOME	B	-2,554,938	0	CLINI C	90.00	0	33.04
33.05 MI SCELLANEOUS INCOME	B	-1,312	0	HYPERBARI C/OP WOUND	90.01	0	33.05
33.06 MI SCELLANEOUS INCOME	B	-34,310	0	EMERGENCY	91.00	0	33.06
33.07		0	0		0.00	0	33.07
33.08		0	0		0.00	0	33.08
33.09		0	0		0.00	0	33.09
33.10		0	0		0.00	0	33.10
34.00		0	0		0.00	0	34.00
35.00 TELEVI SION ELI MI NATION	A	-217,571	0	OPERATION OF PLANT	7.00	0	35.00
36.00 TELEVI SION ELI MI NATION	A	-1,784	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
37.00 TELEVI SION ELI MI NATION	A	-101,606	0	NEW CAP REL COSTS-MVBLE EQUI P	2.00	9	37.00
38.00		0	0		0.00	0	38.00
39.00 TELEPHONE ADJUSTMENT	A	-67,503	0	OTHER ADMI NI STRATI VE AND GENERAL	5.04	0	39.00
40.00		0	0		0.00	0	40.00
40.01		0	0		0.00	0	40.01
40.02 PENSION	A	-4,982	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.02
40.03		0	0		0.00	0	40.03
41.00 MOB RENTAL INCOME ELI MI NATION	A	-2,666,417	0	OTHER BUI LDI NG-MOB	7.01	0	41.00
42.00 MOB RENTAL INCOME ELI MI NATION	A	-1,136,501	0	OTHER BUI LDI NG-CANCER CENTER	7.02	0	42.00
43.00 MOB RENTAL INCOME ELI MI NATION	A	-3,681	0	PHYSI CAL THERAPY	66.00	0	43.00
44.00 MOB RENTAL INCOME ELI MI NATION	A	-68,117	0	OP PSYCH	76.03	0	44.00
45.00		0	0		0.00	0	45.00
45.01 FRA ADJUSTMENT	A	50,682,724	0	OTHER ADMI NI STRATI VE AND GENERAL	5.04	0	45.01
45.02		0	0		0.00	0	45.02
45.03		0	0		0.00	0	45.03
45.04		0	0		0.00	0	45.04
45.05 AHA/MHA/CHA DUES	A	-56,613	0	OTHER ADMI NI STRATI VE AND GENERAL	5.04	0	45.05
45.06 SPORTI NG I NVOI CES	A	-11,165	0	OTHER ADMI NI STRATI VE AND GENERAL	5.04	0	45.06
45.07 AHA CARRYFORWARD/MEDI CARE DEPREC.	A	8,551	0	NEW CAP REL COSTS-MVBLE EQUI P	2.00	9	45.07
45.08 BUI LDI NG DEPRECI ATI ON	A	-10,854	0	NEW CAP REL COSTS-BLDG & FI XT	1.00	9	45.08
45.09 AHA ADJUSTMENT	A	-123,716	0	NEW CAP REL COSTS-MVBLE EQUI P	2.00	9	45.09
45.10 NON-ALLOWABLE MARKETI NG/PROMOTI ON	A	-86,493	0	OTHER ADMI NI STRATI VE AND GENERAL	5.04	0	45.10
45.11 NON-ALLOWABLE MARKETI NG/PROMOTI ON	A	-1,509	0	I & R SERVI CES-SALARY & FRI NGES APPRVD	21.00	0	45.11
45.12 NON-ALLOWABLE MARKETI NG/PROMOTI ON	A	-2,690	0	NEONATAL INTENSI VE CARE UNI T	35.00	0	45.12

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	
45.13 NON-ALLOWABLE MARKETING/PROMOTION	A	-9,410	SUBPROVIDER - IPF	40.00	0 45.13
45.14 NON-ALLOWABLE MARKETING/PROMOTION	A	-23	DELIVERY ROOM & LABOR ROOM	52.00	0 45.14
45.15 NON-ALLOWABLE MARKETING/PROMOTION	A	-313	RADIOLOGY-DIAGNOSTIC	54.00	0 45.15
45.16 NON-ALLOWABLE MARKETING/PROMOTION	A	-41,124	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0 45.16
45.17 NON-ALLOWABLE MARKETING/PROMOTION	A	-536	PHYSICAL THERAPY	66.00	0 45.17
45.18 NON-ALLOWABLE MARKETING/PROMOTION	A	-8,972	GI LAB	76.01	0 45.18
45.19 NON-ALLOWABLE MARKETING/PROMOTION	A	-1,404	HYPERBARIC/OP WOUND	90.01	0 45.19
45.20 NON-ALLOWABLE MARKETING/PROMOTION	A	-26,959	EMERGENCY	91.00	0 45.20
45.21 MISCELLANEOUS INCOME	B	7,110	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.21
45.22 MISCELLANEOUS INCOME	B	-4,071,664	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 45.22
45.23 MISCELLANEOUS INCOME	B	-72,910	MAINTENANCE & REPAIRS	6.00	0 45.23
45.24 MISCELLANEOUS INCOME	B	-5,294	OPERATION OF PLANT	7.00	0 45.24
45.25 MISCELLANEOUS INCOME	B	-53,000	LAUNDRY & LINEN SERVICE	8.00	0 45.25
45.26 MISCELLANEOUS INCOME	B	-177,571	HOUSEKEEPING	9.00	0 45.26
45.27 MISCELLANEOUS INCOME	B	-187,088	DIETARY	10.00	0 45.27
45.28 MISCELLANEOUS INCOME	B	-1,544	NURSING ADMINISTRATION	13.00	0 45.28
45.29 MISCELLANEOUS INCOME	B	-1,820	CENTRAL SERVICES & SUPPLY	14.00	0 45.29
45.30 MISCELLANEOUS INCOME	B	-80,862	PHARMACY	15.00	0 45.30
45.31 MISCELLANEOUS INCOME	B	-23,072	MEDICAL RECORDS & LIBRARY	16.00	0 45.31
45.32 MISCELLANEOUS INCOME	B	-55,000	SOCIAL SERVICE	17.00	0 45.32
45.33 MISCELLANEOUS INCOME	B	-36,751	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 45.33
45.34 MISCELLANEOUS INCOME	B	-46,800	PARAMED ED PRGM	23.00	0 45.34
45.35 MISCELLANEOUS INCOME	B	-71,430	RADIOLOGY SCHOOL	23.01	0 45.35
45.36 MISCELLANEOUS INCOME	B	-139,764	ADULTS & PEDIATRICS	30.00	0 45.36
45.37 MISCELLANEOUS INCOME	B	-3,994	INTENSIVE CARE UNIT	31.00	0 45.37
45.38 MISCELLANEOUS INCOME	B	-21,697	NEONATAL INTENSIVE CARE UNIT	35.00	0 45.38
45.39 MISCELLANEOUS INCOME	B	-84,980	SUBPROVIDER - IPF	40.00	0 45.39
45.40 MISCELLANEOUS INCOME	B	-2,581	SKILLED NURSING FACILITY	44.00	0 45.40
45.41 MISCELLANEOUS INCOME	B	-14,273	OPERATING ROOM	50.00	0 45.41
45.42 MISCELLANEOUS INCOME	B	-30,314	RADIOLOGY-DIAGNOSTIC	54.00	0 45.42
45.43 MISCELLANEOUS INCOME	B	-160	RADIOLOGY-THERAPEUTIC	55.00	0 45.43
45.44 MISCELLANEOUS INCOME	B	-4,000	LABORATORY	60.00	0 45.44
45.46 MISCELLANEOUS INCOME	B	-63,570	RESPIRATORY THERAPY	65.00	0 45.46
45.48 MISCELLANEOUS INCOME	B	-498,464	PHYSICAL THERAPY	66.00	0 45.48
45.49 MISCELLANEOUS INCOME	B	-5,451	CARDIAC REHAB	76.00	0 45.49
45.50 PHYSICIAN TEACHING RCE ELIMINATION	A	-1,480,609	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 45.50
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		31,482,384			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: 260020

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

Worksheet A-8-1

Date/Time Prepared: 11/16/2016 4:27 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - CORP. FEE	0	97,818,064	1.00
2.00	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - NETWORK SUPPORT	0	175,092	2.00
3.00	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - ROI FEE	0	858,117	3.00
4.00	0.00	0	0	0	4.00
4.01	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT-CORP FEE FIXED ALLOC	0	18,351,331	4.01
4.02	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - ROI TRANSP FEE	0	1,660,922	4.02
4.04	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - E HR FEE	0	2,850	4.04
4.05	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - EPIC PM FEE	0	404,966	4.05
4.06	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - MCES	0	11,933,764	4.06
4.07	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT - SAFEWATCH	0	7,243,249	4.07
4.08	1.00	NEW CAP REL COSTS-BLDG & FIX DIRECT	771,463	0	4.08
4.09	2.00	NEW CAP REL COSTS-MVBLE EQUI DIRECT	7,327,732	0	4.09
4.10	4.00	EMPLOYEE BENEFITS DEPARTMENT DIRECT	964,347	0	4.10
4.11	6.00	MAINTENANCE & REPAIRS DIRECT	11,921,068	0	4.11
4.12	5.04	OTHER ADMINISTRATIVE AND GEN DIRECT	16,771,782	0	4.12
4.13	1.00	NEW CAP REL COSTS-BLDG & FIX POOLED	1,201,023	0	4.13
4.14	2.00	NEW CAP REL COSTS-MVBLE EQUI POOLED	13,165,978	0	4.14
4.15	5.04	OTHER ADMINISTRATIVE AND GEN POOLED	84,281,065	0	4.15
4.16	5.04	OTHER ADMINISTRATIVE AND GEN FUNCTIONAL-PURCHASING	329,267	0	4.16
4.17	4.00	EMPLOYEE BENEFITS DEPARTMENT FUNCTIONAL-HR	25,497,709	0	4.17
4.18	5.04	OTHER ADMINISTRATIVE AND GEN FUNCTIONAL	525,660	0	4.18
4.19	5.04	OTHER ADMINISTRATIVE AND GEN FUNCTIONAL-CENTRAL TEST	2,714,559	0	4.19
4.20	5.04	OTHER ADMINISTRATIVE AND GEN FUNCTIONAL-MGD MENTAL	1,137,879	0	4.20
4.21	16.00	MEDICAL RECORDS & LIBRARY FUNCTIONAL-CENTRAL CODE	716,928	0	4.21
4.22	0.00		0	0	4.22
4.23	0.00		0	0	4.23
4.24	0.00		0	0	4.24
4.25	0.00		0	0	4.25
4.26	0.00		0	0	4.26
4.27	0.00		0	0	4.27
4.28	0.00		0	0	4.28
4.29	0.00		0	0	4.29
4.30	0.00		0	0	4.30
4.31	0.00		0	0	4.31
4.32	0.00		0	0	4.32
4.33	0.00		0	0	4.33
4.34	0.00		0	0	4.34
4.35	0.00		0	0	4.35
4.36	0.00		0	0	4.36
4.37	0.00		0	0	4.37
4.38	0.00		0	0	4.38
4.40	0.00		0	0	4.40
4.41	0.00		0	0	4.41
4.42	0.00		0	0	4.42
4.43	0.00		0	0	4.43
4.44	0.00		0	0	4.44
4.45	0.00		0	0	4.45
5.00	0		167,326,460	138,448,355	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	B	0.00	MHEC	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00

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

Provider CCN: 260020

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

Worksheet A-8-1

Date/Time Prepared:
11/16/2016 4:27 pm

	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	
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					

(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: 260020

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

Worksheet A-8-1

Date/Time Prepared:
11/16/2016 4:27 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-97,818,064	0	1.00
2.00	-175,092	0	2.00
3.00	-858,117	0	3.00
4.00	0	0	4.00
4.01	-18,351,331	0	4.01
4.02	-1,660,922	0	4.02
4.04	-2,850	0	4.04
4.05	-404,966	0	4.05
4.06	-11,933,764	0	4.06
4.07	-7,243,249	0	4.07
4.08	771,463	9	4.08
4.09	7,327,732	9	4.09
4.10	964,347	0	4.10
4.11	11,921,068	0	4.11
4.12	16,771,782	0	4.12
4.13	1,201,023	9	4.13
4.14	13,165,978	9	4.14
4.15	84,281,065	0	4.15
4.16	329,267	0	4.16
4.17	25,497,709	0	4.17
4.18	525,660	0	4.18
4.19	2,714,559	0	4.19
4.20	1,137,879	0	4.20
4.21	716,928	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
4.26	0	0	4.26
4.27	0	0	4.27
4.28	0	0	4.28
4.29	0	0	4.29
4.30	0	0	4.30
4.31	0	0	4.31
4.32	0	0	4.32
4.33	0	0	4.33
4.34	0	0	4.34
4.35	0	3	4.35
4.36	0	0	4.36
4.37	0	0	4.37
4.38	0	0	4.38
4.40	0	0	4.40
4.41	0	0	4.41
4.42	0	0	4.42
4.43	0	0	4.43
4.44	0	0	4.44
4.45	0	0	4.45
5.00	28,878,105		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	HOME OFFICE	6.00
7.00		7.00
8.00		8.00

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

Provider CCN: 260020

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

Worksheet A-8-1

Date/Time Prepared:
11/16/2016 4:27 pm

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT				Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet A-8-2 Date/Time Prepared: 11/16/2016 4:28 pm
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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	5.04 OTHER ADMINSTRATIVE AND GENERAL	621,765	0	621,765	177,200	3,345	1.00
2.00	13.00 NURSING ADMINISTRATION	58,948	0	58,948	177,200	390	2.00
3.00	17.00 SOCIAL SERVICE	22,320	0	22,320	177,200	186	3.00
4.00	30.00 ADULTS & PEDIATRICS	390,740	120,740	270,000	196,400	947	4.00
5.00	30.00 ADULTS & PEDIATRICS	2,525,908	1,560,874	965,033	196,400	4,121	5.00
6.00	30.00 ADULTS & PEDIATRICS	416,390	0	416,390	165,600	3,423	6.00
7.00	30.00 ADULTS & PEDIATRICS	566,490	566,490	0	140,600	0	7.00
8.00	30.00 ADULTS & PEDIATRICS	424,586	0	424,586	140,600	2,579	8.00
9.00	30.00 ADULTS & PEDIATRICS	54,764	0	54,764	177,200	208	9.00
10.00	31.00 INTENSIVE CARE UNIT	4,010,126	3,607,062	403,064	177,200	2,163	10.00
11.00	35.00 NEONATAL INTENSIVE CARE UNIT	191,975	105,009	86,966	177,200	497	11.00
12.00	40.00 SUBPROVIDER - IPF	33,151	0	33,151	154,100	232	12.00
13.00	40.00 SUBPROVIDER - IPF	223,427	0	223,427	154,100	1,787	13.00
14.00	50.00 OPERATING ROOM	526,109	287,217	238,892	208,000	2,288	14.00
15.00	52.00 DELIVERY ROOM & LABOR ROOM	63,855	0	63,855	196,400	333	15.00
16.00	54.00 RADIOLOGY-DIAGNOSTIC	9,870	9,870	0	225,300	0	16.00
17.00	54.00 RADIOLOGY-DIAGNOSTIC	495,630	495,630	0	225,300	0	17.00
18.00	54.01 ULTRASOUND	454,860	0	454,860	225,300	1,596	18.00
19.00	57.00 CT SCAN	11,585	11,585	0	225,300	0	19.00
20.00	60.00 LABORATORY	105,026	105,026	0	215,700	0	20.00
21.00	65.00 RESPIRATORY THERAPY	177,482	0	177,482	177,200	953	21.00
22.00	66.00 PHYSICAL THERAPY	1,291,971	1,291,971	0	177,200	0	22.00
23.00	66.00 PHYSICAL THERAPY	152,115	152,115	0	177,200	0	23.00
24.00	69.00 ELECTROCARDIOLOGY	2,050,140	1,698,888	351,252	177,200	2,296	24.00
25.00	75.00 ASC (NON-DIAGNOSTIC PART)	129,910	129,910	0	208,000	0	25.00
26.00	76.01 GI LAB	55,777	0	55,777	177,200	332	26.00
27.00	90.00 CLINIC	222,203	222,203	0	177,200	0	27.00
28.00	90.00 CLINIC	299,975	267,116	32,859	177,200	208	28.00
29.00	90.01 HYPERBARI C/OP WOUND	405,868	389,439	16,429	177,200	150	29.00
30.00	91.00 EMERGENCY	17,318,334	13,231,949	4,086,385	177,200	33,967	30.00
200.00		33,311,300	24,253,094	9,058,205		62,001	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	5.04 OTHER ADMINSTRATIVE AND GENERAL	284,968	14,248	0	0	0	1.00
2.00	13.00 NURSING ADMINISTRATION	33,225	1,661	0	0	0	2.00
3.00	17.00 SOCIAL SERVICE	15,846	792	0	0	0	3.00
4.00	30.00 ADULTS & PEDIATRICS	89,419	4,471	0	0	0	4.00
5.00	30.00 ADULTS & PEDIATRICS	389,118	19,456	0	0	0	5.00
6.00	30.00 ADULTS & PEDIATRICS	272,523	13,626	0	0	0	6.00
7.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	7.00
8.00	30.00 ADULTS & PEDIATRICS	174,331	8,717	0	0	0	8.00
9.00	30.00 ADULTS & PEDIATRICS	17,720	886	0	0	0	9.00
10.00	31.00 INTENSIVE CARE UNIT	184,271	9,214	0	0	0	10.00
11.00	35.00 NEONATAL INTENSIVE CARE UNIT	42,341	2,117	0	0	0	11.00
12.00	40.00 SUBPROVIDER - IPF	17,188	859	0	0	0	12.00
13.00	40.00 SUBPROVIDER - IPF	132,393	6,620	0	0	0	13.00
14.00	50.00 OPERATING ROOM	228,800	11,440	0	0	0	14.00
15.00	52.00 DELIVERY ROOM & LABOR ROOM	31,443	1,572	0	0	0	15.00
16.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	16.00
17.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	17.00
18.00	54.01 ULTRASOUND	172,874	8,644	0	0	0	18.00
19.00	57.00 CT SCAN	0	0	0	0	0	19.00
20.00	60.00 LABORATORY	0	0	0	0	0	20.00
21.00	65.00 RESPIRATORY THERAPY	81,188	4,059	0	0	0	21.00
22.00	66.00 PHYSICAL THERAPY	0	0	0	0	0	22.00
23.00	66.00 PHYSICAL THERAPY	0	0	0	0	0	23.00
24.00	69.00 ELECTROCARDIOLOGY	195,602	9,780	0	0	0	24.00
25.00	75.00 ASC (NON-DIAGNOSTIC PART)	0	0	0	0	0	25.00
26.00	76.01 GI LAB	28,284	1,414	0	0	0	26.00
27.00	90.00 CLINIC	0	0	0	0	0	27.00
28.00	90.00 CLINIC	17,720	886	0	0	0	28.00
29.00	90.01 HYPERBARI C/OP WOUND	12,779	639	0	0	0	29.00
30.00	91.00 EMERGENCY	2,893,727	144,686	0	0	0	30.00
200.00		5,315,760	265,787	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260020

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

Worksheet A-8-2

Date/Time Prepared:
11/16/2016 4:28 pm

	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	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	284,968	336,797	336,797		1.00
2.00	13.00	NURSING ADMINISTRATION	0	33,225	25,723	25,723		2.00
3.00	17.00	SOCIAL SERVICE	0	15,846	6,474	6,474		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	89,419	180,581	301,321		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	389,118	575,915	2,136,790		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	272,523	143,867	143,867		6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	566,490		7.00
8.00	30.00	ADULTS & PEDIATRICS	0	174,331	250,255	250,255		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	17,720	37,044	37,044		9.00
10.00	31.00	INTENSIVE CARE UNIT	0	184,271	218,793	3,825,855		10.00
11.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	42,341	44,625	149,634		11.00
12.00	40.00	SUBPROVIDER - IPF	0	17,188	15,963	15,963		12.00
13.00	40.00	SUBPROVIDER - IPF	0	132,393	91,034	91,034		13.00
14.00	50.00	OPERATING ROOM	0	228,800	10,092	297,309		14.00
15.00	52.00	DELIVERY ROOM & LABOR ROOM	0	31,443	32,412	32,412		15.00
16.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	9,870		16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	495,630		17.00
18.00	54.01	ULTRASOUND	0	172,874	281,986	281,986		18.00
19.00	57.00	CT SCAN	0	0	0	11,585		19.00
20.00	60.00	LABORATORY	0	0	0	105,026		20.00
21.00	65.00	RESPIRATORY THERAPY	0	81,188	96,294	96,294		21.00
22.00	66.00	PHYSICAL THERAPY	0	0	0	1,291,971		22.00
23.00	66.00	PHYSICAL THERAPY	0	0	0	152,115		23.00
24.00	69.00	ELECTROCARDIOLOGY	0	195,602	155,650	1,854,538		24.00
25.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	129,910		25.00
26.00	76.01	GI LAB	0	28,284	27,493	27,493		26.00
27.00	90.00	CLINIC	0	0	0	222,203		27.00
28.00	90.00	CLINIC	0	17,720	15,139	282,255		28.00
29.00	90.01	HYPERBARIC/OP WOUND	0	12,779	3,650	393,089		29.00
30.00	91.00	EMERGENCY	0	2,893,727	1,192,658	14,424,607		30.00
200.00			0	5,315,760	3,742,445	27,995,540		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

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

Worksheet B Part I Date/Time Prepared: 11/16/2016 4:27 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CENTER	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	28,950,511	28,950,511				1.00
1.01 00101 OTHER BUILDING-MOB	1,612,849	0	1,612,849			1.01
1.02 00102 OTHER BUILDING-CANCER CENTER	1,340,520	0	0	1,340,520		1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	41,364,496				41,364,496	2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB	588,757				0	2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER	1,818,517				0	2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	87,186,398	171,040	1,906	50,158	19,111	4.00
5.02 00590 PURCHASING RECEIVING AND STORES	0	73,700	0	0	0	5.02
5.03 00540 ADMINITTING	4,521,669	138,114	525	0	23,662	5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	183,127,603	798,085	95,749	7,989	4,322,839	5.04
6.00 00600 MAINTENANCE & REPAIRS	27,178,636	3,783,146	79,934	166,041	347,233	6.00
7.00 00700 OPERATION OF PLANT	2,887,810	110,614	0	0	544,184	7.00
7.01 00701 OTHER BUILDING-MOB	0	0	0	0	6,724	7.01
7.02 00702 OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03 00703 HEART HOSPITAL	0	0	0	0	0	7.03
8.00 00800 LAUNDRY & LINEN SERVICE	3,754,947	131,025	0	0	12,727	8.00
9.00 00900 HOUSEKEEPING	5,792,270	255,543	11,814	10,784	62,132	9.00
9.01 00901 HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02 00902 HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00 01000 DIETARY	7,936,577	648,360	15,140	18,465	274,634	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	4,380,857	120,254	0	0	431,796	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	4,360,352	322,008	0	0	659,451	14.00
15.00 01500 PHARMACY	12,323,429	236,246	0	11,705	1,047,216	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,692,118	78,431	0	8,560	0	16.00
17.00 01700 SOCIAL SERVICE	970,211	82,549	0	0	0	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	6,346,418	23,463	0	0	60,950	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	5,488,589	23,738	33,502	0	29,849	22.00
23.00 02300 PARAMED ED PRGM	164,180	14,630	0	0	0	23.00
23.01 02301 RADIOLOGY SCHOOL	120,836	4,102	0	0	1,361	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	47,760,813	6,002,759	49,256	0	4,398,457	30.00
31.00 03100 INTENSIVE CARE UNIT	12,847,551	626,237	0	0	1,284,466	31.00
32.00 03200 CORONARY CARE UNIT	4,083,158	228,446	0	0	492,449	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	2,179,490	139,535	0	0	116,744	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	15,038,572	1,039,611	0	0	1,326,063	35.00
40.00 04000 SUBPROVIDER - IPF	6,603,571	442,133	0	10,637	67,225	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	5,425,423	80,902	0	0	11,930	43.00
44.00 04400 SKILLED NURSING FACILITY	710,040	51,916	0	0	271,674	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	250,945	35,816	0	0	40,390	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	18,177,725	1,450,304	0	0	7,282,209	50.00
51.00 05100 RECOVERY ROOM	2,052,341	82,662	0	0	57,262	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	11,107,650	1,132,688	0	0	2,622,516	52.00
53.00 05300 ANESTHESIOLOGY	1,684,440	79,771	0	0	663,544	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,084,973	842,233	95,263	8,545	3,293,922	54.00
54.01 05401 ULTRASOUND	2,053,518	237,118	0	0	975,395	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	5,947,867	130,299	0	287,968	353,451	55.00
56.00 05600 RADIOISOTOPE	1,554,096	184,378	0	31,941	232,739	56.00
56.01 05601 ONCOLOGY	0	0	0	0	0	56.01
57.00 05700 CT SCAN	1,268,166	55,097	0	42,769	367,908	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	583,595	141,877	0	0	488,913	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,116,187	311,044	0	0	933,945	59.00
60.00 06000 LABORATORY	27,595,566	635,522	0	2,005	1,390,604	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	4,944,865	111,583	0	0	63,433	62.00
65.00 06500 RESPIRATORY THERAPY	7,288,213	271,739	21,766	0	780,471	65.00
66.00 06600 PHYSICAL THERAPY	14,290,662	675,182	45,576	33,975	228,773	66.00
69.00 06900 ELECTROCARDIOLOGY	6,190,784	348,345	7,764	0	1,812,194	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	42,202,020	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	50,414,652	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	103,045,821	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	633,761	43,810	0	0	40,492	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

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

Worksheet B
Part I
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OTHER BUI LDING-MOB	OTHER BUI LDING-CANCE R CENTER	NEW MVBLE EQUI P	
		1.00	1.01	1.02	2.00	
75.00 07500 ASC (NON-DISTINCT PART)	6,030,668	653,204	0	0	1,142,575	75.00
76.00 03020 CARDIAC REHAB	941,403	83,873	0	0	65,267	76.00
76.01 03030 GI LAB	4,773,995	243,884	0	0	1,427,699	76.01
76.02 03040 ECT	166,478	26,628	0	0	5,459	76.02
76.03 03050 OP PSYCH	1,247,664	187,107	0	0	15,381	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	4,037,703	294,847	0	242,873	86,073	90.00
90.01 09001 HYPERBARIC/OP WOUND	884,835	67,370	0	0	54,188	90.01
91.00 09100 EMERGENCY	16,253,551	790,204	1,486	0	742,717	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 AMBULATORY CARE UNIT	1,174,958	140,423	0	0	332,712	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	877,556,270	24,883,595	459,681	934,415	41,313,109	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,675,252	138,744	0	0	8,682	190.00
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	1,410,225	37,770	9,670	52,016	14,861	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	22,384,744	805,141	497,432	79,787	3,180	192.00
193.00 19300 NONPAID WORKERS	133,769	110,663	0	0	20,255	193.00
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03 19303 CONVENT	0	0	0	0	0	193.03
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	334,116	26,886	0	0	320	194.00
194.01 07951 HOSPICE	114,726	0	0	0	0	194.01
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	2,679,716	1,578,842	579,880	262,655	3,854	194.03
194.04 07954 SJMH SHARED SERVICES	0	916,886	65,103	11,647	0	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	418,670	0	0	0	194.05
194.06 07956 OTHER NONREIMBURSABLE COST CENTERS	0	15,244	1,083	0	0	194.06
194.07 07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 07958 REHAB HOSPITAL	59,318	0	0	0	235	194.08
194.09 07960 MERCY SAFEWATCH	0	18,070	0	0	0	194.09
200.00						200.00
201.00						201.00
202.00						202.00
200.00 Cross Foot Adjustments						
201.00 Negative Cost Centers						
202.00 TOTAL (sum lines 118-201)	906,348,136	28,950,511	1,612,849	1,340,520	41,364,496	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

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

Worksheet B
Part I
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	ADMITTING	
			NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCER				
			2.01	2.02				
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	588,757					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	1,818,517				2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,879	0	87,430,492			4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	0	73,700		5.02
5.03	00540	ADMITTING	134	0	1,238,478	62	5,922,644	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	12,246	1,004	3,166,611	339	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	11,155	7,979	916,475	145	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	416,724	11	0	7.00
7.01	00701	OTHER BUILDING-MOB	15,812	0	0	0	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	11,346	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	156,933	460	0	8.00
9.00	00900	HOUSEKEEPING	4,279	1,475	1,643,776	347	0	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	10,701	3,334	2,028,759	1,949	2,048	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,181,802	29	176	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,003,109	240	0	14.00
15.00	01500	PHARMACY	0	29,193	3,018,028	28,965	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	183,006	1	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	5	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,464,223	4	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	19,651	0	1,235,566	15	12,710	22.00
23.00	02300	PARAMED PRGM	0	0	57,172	1	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	52,934	1	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,841	0	13,524,929	1,914	485,493	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,399,380	834	174,960	31.00
32.00	03200	CORONARY CARE UNIT	0	0	1,056,717	219	39,119	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	578,348	121	21,438	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	3,670,873	431	236,973	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	1,714,018	40	28,409	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	1,141,370	113	25,698	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	188,248	0	3,876	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	62,970	0	573	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	4,160,102	17,665	306,776	50.00
51.00	05100	RECOVERY ROOM	0	0	564,671	44	42,710	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,831,516	720	147,437	52.00
53.00	05300	ANESTHESIOLOGY	0	0	139,552	1,839	127,853	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	239,897	3,308	2,320,220	1,167	295,453	54.00
54.01	05401	ULTRASOUND	0	0	484,084	28	60,821	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,274,556	657,501	35	149,767	55.00
56.00	05600	RADIOISOTOPE	0	242,214	294,857	572	74,775	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	160,679	318,007	291	264,139	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	162,912	77	84,939	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	672,623	1,206	85,825	59.00
60.00	06000	LABORATORY	0	687	2,932,697	2,470	504,119	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	733,287	561	36,142	62.00
65.00	06500	RESPIRATORY THERAPY	175,070	0	2,304,818	836	163,756	65.00
66.00	06600	PHYSICAL THERAPY	44,192	8,641	3,447,968	269	110,079	66.00
69.00	06900	ELECTROCARDIOLOGY	5,798	0	1,876,427	4,642	263,346	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	305,608	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	201,230	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	871,059	73.00
74.00	07400	RENAL DIALYSIS	0	0	175,039	80	10,079	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	1,246,719	1,180	79,825	75.00
76.00	03020	CARDIAC REHAB	0	0	259,848	9	3,997	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

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

Worksheet B
Part I
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	ADMITTING	
			NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCER				
			2.01	2.02				
76.01	03030	GI LAB	0	0	1,058,226	1,063	138,498	76.01
76.02	03040	ECT	0	0	59,757	24	9,125	76.02
76.03	03050	OP PSYCH	0	0	218,711	11	15,282	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	73,149	1,585,498	1,175	57,434	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	280,942	103	9,666	90.01
91.00	09100	EMERGENCY	0	0	7,706,665	836	399,313	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	320,520	66	20,852	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	586,655	1,817,565	80,913,616	73,215	5,871,378	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	87,530	363	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	952	350,058	9	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,102	0	5,455,630	18	51,266	192.00
193.00	19300	NONPAID WORKERS	0	0	29,422	8	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINI STRIES	0	0	73,937	3	0	194.00
194.01	07951	HOSPICE	0	0	381	5	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	519,918	79	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	588,757	1,818,517	87,430,492	73,700	5,922,644	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/16/2016 4:27 pm			
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
		5A. 03	5. 04	6. 00	7. 00	7. 01	
GENERAL SERVICE COST CENTERS							
1. 00	00100	NEW CAP REL COSTS-BLDG & FIXT					1. 00
1. 01	00101	OTHER BUILDING-MOB					1. 01
1. 02	00102	OTHER BUILDING-CANCER CENTER					1. 02
2. 00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2. 00
2. 01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2. 01
2. 02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2. 02
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT					4. 00
5. 02	00590	PURCHASING RECEIVING AND STORES					5. 02
5. 03	00540	ADMITTING					5. 03
5. 04	00560	OTHER ADMINISTRATIVE AND GENERAL	191,532,465	191,532,465			5. 04
6. 00	00600	MAINTENANCE & REPAIRS	32,490,744	8,705,797	41,196,541		6. 00
7. 00	00700	OPERATION OF PLANT	3,959,343	1,060,894	189,979	5,210,216	7. 00
7. 01	00701	OTHER BUILDING-MOB	22,536	6,038	0	0	28,574
7. 02	00702	OTHER BUILDING-CANCER CENTER	11,346	3,040	0	0	0
7. 03	00703	HEART HOSPITAL	0	0	0	0	0
8. 00	00800	LAUNDRY & LINEN SERVICE	4,056,092	1,086,818	225,035	28,593	0
9. 00	00900	HOUSEKEEPING	7,782,420	2,085,276	438,893	55,765	235
9. 01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0
9. 02	00902	HOUSEKEEPING-MOB	0	0	0	0	0
9. 03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0
10. 00	01000	DIETARY	10,939,967	2,931,331	1,113,554	141,486	302
11. 00	01100	CAFETERIA	0	0	0	0	0
13. 00	01300	NURSING ADMINISTRATION	6,114,914	1,638,473	206,536	26,242	0
14. 00	01400	CENTRAL SERVICES & SUPPLY	6,345,160	1,700,167	553,047	70,269	0
15. 00	01500	PHARMACY	16,694,782	4,473,317	405,751	51,554	0
16. 00	01600	MEDICAL RECORDS & LIBRARY	1,962,116	525,743	134,705	17,115	0
17. 00	01700	SOCIAL SERVICE	1,052,765	282,085	141,777	18,014	0
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,895,058	2,115,457	40,298	5,120	0
22. 00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,843,620	1,833,727	40,769	5,180	667
23. 00	02300	PARAMED PRGM	235,983	63,231	25,127	3,193	0
23. 01	02301	RADIOLOGY SCHOOL	179,234	48,025	7,044	895	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30. 00	03000	ADULTS & PEDIATRICS	72,269,462	19,364,386	10,309,703	1,309,932	981
31. 00	03100	INTENSIVE CARE UNIT	19,333,428	5,180,334	1,075,558	136,658	0
32. 00	03200	CORONARY CARE UNIT	5,900,108	1,580,916	392,355	49,852	0
33. 00	03300	BURN INTENSIVE CARE UNIT	3,035,676	813,400	239,651	30,450	0
34. 00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35. 00	02040	NEONATAL INTENSIVE CARE UNIT	21,312,523	5,710,627	1,785,525	226,865	0
40. 00	04000	SUBPROVIDER - I PF	8,866,033	2,375,627	759,361	96,483	0
41. 00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42. 00	04200	SUBPROVIDER	0	0	0	0	0
43. 00	04300	NURSERY	6,685,436	1,791,343	138,948	17,654	0
44. 00	04400	SKILLED NURSING FACILITY	1,225,754	328,437	89,165	11,329	0
45. 00	04500	NURSING FACILITY	0	0	0	0	0
46. 00	04600	OTHER LONG TERM CARE	390,694	104,685	61,514	7,816	0
ANCILLARY SERVICE COST CENTERS							
50. 00	05000	OPERATING ROOM	31,394,781	8,412,137	2,490,888	316,488	0
51. 00	05100	RECOVERY ROOM	2,799,690	750,169	141,971	18,039	0
52. 00	05200	DELIVERY ROOM & LABOR ROOM	17,842,527	4,780,852	1,945,385	247,177	0
53. 00	05300	ANESTHESIOLOGY	2,696,999	722,653	137,007	17,408	0
54. 00	05400	RADIOLOGY-DIAGNOSTIC	17,184,981	4,604,664	1,446,531	183,793	1,897
54. 01	05401	ULTRASOUND	3,810,964	1,021,136	407,248	51,744	0
55. 00	05500	RADIOLOGY-THERAPEUTIC	8,801,444	2,358,321	223,787	28,434	0
56. 00	05600	RADIOISOTOPE	2,615,572	700,835	316,669	40,235	0
56. 01	05601	ONCOLOGY	0	0	0	0	0
57. 00	05700	CT SCAN	2,477,056	663,720	94,629	12,023	0
58. 00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,462,313	391,822	243,672	30,961	0
59. 00	05900	CARDIAC CATHETERIZATION	4,120,830	1,104,164	534,215	67,876	0
60. 00	06000	LABORATORY	33,063,670	8,859,311	1,091,506	138,685	0
60. 01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0
62. 00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,889,871	1,578,173	191,643	24,350	0
65. 00	06500	RESPIRATORY THERAPY	11,006,669	2,949,204	466,710	59,299	433
66. 00	06600	PHYSICAL THERAPY	18,885,317	5,060,264	1,159,621	147,339	908
69. 00	06900	ELECTROCARDIOLOGY	10,509,300	2,815,935	598,281	76,016	155
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	42,507,628	11,389,791	0	0	0
72. 00	07200	IMPL. DEV. CHARGED TO PATIENT	50,615,882	13,562,374	0	0	0
73. 00	07300	DRUGS CHARGED TO PATIENTS	103,916,880	27,843,966	0	0	0
74. 00	07400	RENAL DIALYSIS	903,261	242,026	75,243	9,560	0
75. 00	07500	ASC (NON-DISTINCT PART)	9,154,171	2,452,833	1,121,874	142,543	0
76. 00	03020	CARDIAC REHAB	1,354,397	362,907	144,051	18,303	0
76. 01	03030	GI LAB	7,643,365	2,048,017	418,869	53,221	0
76. 02	03040	ECT	267,471	71,668	45,734	5,811	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

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

Worksheet B
Part I
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
		5A.03	5.04	6.00	7.00	7.01	
76.03	03050 OP PSYCH	1,684,156	451,265	321,356	40,831	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	6,378,752	1,709,167	506,398	64,342	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	1,297,104	347,555	115,707	14,702	0	90.01
91.00	09100 EMERGENCY	25,894,772	6,938,426	1,357,171	172,440	30	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	1,989,531	533,089	241,176	30,643	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	865,307,013	180,535,618	34,211,637	4,322,728	5,608	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,910,571	511,932	238,292	30,277	0	190.00
190.01	19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	1,875,561	502,551	64,870	8,242	193	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	29,279,300	7,845,301	1,382,825	175,699	9,907	192.00
193.00	19300 NONPAID WORKERS	294,117	78,808	190,062	24,149	0	193.00
193.01	19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303 CONVENT	0	0	0	0	0	193.03
193.06	19306 VACANT SPACE	0	0	0	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	435,262	116,627	46,177	5,867	0	194.00
194.01	07951 HOSPICE	115,112	30,844	0	0	0	194.01
194.02	07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	5,624,944	1,507,187	2,711,652	344,537	11,547	194.03
194.04	07954 SJMH SHARED SERVICES	993,636	266,242	1,574,746	200,084	1,297	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	418,670	112,181	719,064	91,363	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	16,327	4,375	26,181	3,327	22	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958 REHAB HOSPITAL	59,553	15,957	0	0	0	194.08
194.09	07960 MERCY SAFEWATCH	18,070	4,842	31,035	3,943	0	194.09
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)	906,348,136	191,532,465	41,196,541	5,210,216	28,574	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/16/2016 4:27 pm				
Cost Center Description		OTHER BUILDING-CANCER CENTER 7.02	HEART HOSPITAL 7.03	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-MED CENTER 9.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	OTHER BUILDING-MOB				1.01		
1.02	00102	OTHER BUILDING-CANCER CENTER				1.02		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB				2.01		
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				2.02		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.02	00590	PURCHASING RECEIVING AND STORES				5.02		
5.03	00540	ADMITTING				5.03		
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04		
6.00	00600	MAINTENANCE & REPAIRS				6.00		
7.00	00700	OPERATION OF PLANT				7.00		
7.01	00701	OTHER BUILDING-MOB				7.01		
7.02	00702	OTHER BUILDING-CANCER CENTER	14,386			7.02		
7.03	00703	HEART HOSPITAL	0	0		7.03		
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	5,396,538	8.00		
9.00	00900	HOUSEKEEPING	139	0	556	10,363,284	9.00	
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	8,601,529	8,601,529	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	1,388,679	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	373,076	0	9.03
10.00	01000	DIETARY	238	0	2,983	0	237,423	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	369	0	44,036	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,718	0	117,916	14.00
15.00	01500	PHARMACY	151	0	4,325	0	86,511	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	110	0	0	0	28,721	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	30,229	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	181	0	8,592	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	8,692	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	5,357	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	1,502	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	2,465,374	0	2,198,150	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	359,175	0	229,322	31.00
32.00	03200	CORONARY CARE UNIT	0	0	136,955	0	83,655	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	108,141	0	51,096	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	136,968	0	380,695	35.00
40.00	04000	SUBPROVIDER - I PF	137	0	88,068	0	161,905	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	29,625	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	5,916	0	19,011	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	5,161	0	13,116	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	159,026	0	531,087	50.00
51.00	05100	RECOVERY ROOM	0	0	28,916	0	30,270	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	372,081	0	414,779	52.00
53.00	05300	ANESTHESIOLOGY	0	0	443	0	29,211	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	110	0	250,752	0	308,417	54.00
54.01	05401	ULTRASOUND	0	0	43,102	0	86,830	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,711	0	113,336	0	47,714	55.00
56.00	05600	RADIOISOTOPE	412	0	20,556	0	67,518	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	551	0	37,494	0	20,176	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	23,704	0	51,954	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	75,172	0	113,901	59.00
60.00	06000	LABORATORY	26	0	99	0	232,722	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	2,184	0	40,861	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	24,615	0	99,508	65.00
66.00	06600	PHYSICAL THERAPY	438	0	172,411	0	247,245	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	93,960	0	127,561	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	12,312	0	16,043	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	162,433	0	239,197	75.00
76.00	03020	CARDIAC REHAB	0	0	3,076	0	30,713	76.00
76.01	03030	GI LAB	0	0	108,554	0	89,308	76.01
76.02	03040	ECT	0	0	9,431	0	9,751	76.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

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

Worksheet B
Part I
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description		OTHER BUI LDING-CANCE R CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-M ED CENTER	
		7.02	7.03	8.00	9.00	9.01	
76.03	03050 OP PSYCH	0	0	0	0	68,517	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	3,130	0	52,695	0	107,970	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	0	24,670	90.01
91.00	09100 EMERGENCY	0	0	274,507	0	289,365	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	31,033	0	51,422	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,153	0	5,387,782	10,363,284	7,112,264	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	50,807	190.00
190.01	19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	670	0	1,418	0	13,831	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,028	0	7,338	0	294,835	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	40,524	193.00
193.01	19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303 CONVENT	0	0	0	0	0	193.03
193.06	19306 VACANT SPACE	0	0	0	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	0	0	0	0	9,846	194.00
194.01	07951 HOSPICE	0	0	0	0	0	194.01
194.02	07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	3,385	0	0	0	578,156	194.03
194.04	07954 SJMH SHARED SERVICES	150	0	0	0	335,754	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	153,313	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	5,582	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958 REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960 MERCY SAFEWATCH	0	0	0	0	6,617	194.09
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)	14,386	0	5,396,538	10,363,284	8,601,529	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/16/2016 4:27 pm				
Cost Center Description		HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		9.02	9.03	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OTHER BUILDING-MOB					1.01	
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01	
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.02	00590	PURCHASING RECEIVING AND STORES					5.02	
5.03	00540	ADMINISTRATIVE					5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OTHER BUILDING-MOB					7.01	
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02	
7.03	00703	HEART HOSPITAL					7.03	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
9.01	00901	HOUSEKEEPING-MED CENTER					9.01	
9.02	00902	HOUSEKEEPING-MOB	1,388,679				9.02	
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	373,076			9.03	
10.00	01000	DIETARY	14,776	6,231	15,388,291		10.00	
11.00	01100	CAFETERIA	0	0	7,345,582	7,345,582	11.00	
13.00	01300	NURSING ADMINISTRATION	0	0	0	102,774	8,133,344	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	206,561	0	14.00
15.00	01500	PHARMACY	0	3,950	0	252,647	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,889	0	26,314	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	186,930	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	32,696	0	0	64,811	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	4,828	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	4,206	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,071	0	4,689,440	1,709,588	3,332,118	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	663,763	407,963	825,939	31.00
32.00	03200	CORONARY CARE UNIT	0	0	215,803	131,230	277,402	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	107,717	65,101	137,544	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	383,582	809,936	35.00
40.00	04000	SUBPROVIDER - I/PF	0	3,590	588,806	222,989	346,123	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	122,045	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	29,361	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	9,165	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	461,165	725,165	50.00
51.00	05100	RECOVERY ROOM	0	0	0	58,108	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	309,213	653,319	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,109	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	92,970	2,884	0	183,951	0	54.00
54.01	05401	ULTRASOUND	0	0	0	46,221	82,542	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	97,177	0	56,933	0	55.00
56.00	05600	RADIOISOTOPE	0	10,779	0	21,939	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	14,433	0	34,967	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,397	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	57,917	57,854	59.00
60.00	06000	LABORATORY	0	676	0	429,016	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	82,759	0	62.00
65.00	06500	RESPIRATORY THERAPY	21,242	0	0	257,759	0	65.00
66.00	06600	PHYSICAL THERAPY	44,479	11,465	0	194,120	0	66.00
69.00	06900	ELECTROCARDIOLOGY	7,577	0	0	116,594	168,430	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	15,175	31,961	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	88,536	0	75.00
76.00	03020	CARDIAC REHAB	0	0	0	27,904	0	76.00
76.01	03030	GI LAB	0	0	0	76,223	0	76.01
76.02	03040	ECT	0	0	0	6,990	0	76.02
76.03	03050	OP PSYCH	0	0	0	27,505	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/16/2016 4:27 pm
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Cost Center Description		HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.02	9.03	10.00	11.00	13.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	81,959	0	168,841	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	1,451	0	0	359,661	578,891	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	0	32,094	67,594	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	263,262	236,033	13,611,111	7,050,666	8,133,344	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,715,883	20,128	0	190.00
190.01	19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	9,437	17,553	0	31,807	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	485,461	26,925	0	159,619	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	4,956	0	193.00
193.01	19301 MEALS ON WHEELS	0	0	61,297	0	0	193.01
193.03	19303 CONVENT	0	0	0	0	0	193.03
193.06	19306 VACANT SPACE	0	0	0	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951 HOSPICE	0	0	0	0	0	194.01
194.02	07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	565,925	88,635	0	78,406	0	194.03
194.04	07954 SJMH SHARED SERVICES	63,537	3,930	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	1,057	0	0	0	0	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958 REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960 MERCY SAFEWATCH	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,388,679	373,076	15,388,291	7,345,582	8,133,344	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES	
	14.00	15.00	16.00	17.00		21.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 OTHER BUILDING-MOB							1.01
1.02 00102 OTHER BUILDING-CANCER CENTER							1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB							2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER							2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.02 00590 PURCHASING RECEIVING AND STORES							5.02
5.03 00540 ADMITTING							5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL							5.04
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
7.01 00701 OTHER BUILDING-MOB							7.01
7.02 00702 OTHER BUILDING-CANCER CENTER							7.02
7.03 00703 HEART HOSPITAL							7.03
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
9.01 00901 HOUSEKEEPING-MED CENTER							9.01
9.02 00902 HOUSEKEEPING-MOB							9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER							9.03
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	8,994,838						14.00
15.00 01500 PHARMACY	0	21,972,988					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	2,697,713				16.00
17.00 01700 SOCIAL SERVICE	0	0	0	1,524,870			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	10,251,636		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	5,839	0	0		22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0		23.00
23.01 02301 RADIOLOGY SCHOOL	0	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	0	223,042	715,940	5,029,767		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	80,379	168,333	661,949		31.00
32.00 03200 CORONARY CARE UNIT	0	0	17,972	62,819	1,575,912		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	9,849	26,616	38,816		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	0	0	108,869	41,776	46,203		35.00
40.00 04000 SUBPROVIDER - IPF	0	0	13,051	231,834	120,793		40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	0	0	11,806	28,468	50,644		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	1,781	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0		45.00
46.00 04600 OTHER LONG TERM CARE	0	0	263	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	140,937	0	1,043,254		50.00
51.00 05100 RECOVERY ROOM	0	0	19,621	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	67,735	34,040	610,242		52.00
53.00 05300 ANESTHESIOLOGY	0	0	58,738	0	24,477		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	135,735	0	12,359		54.00
54.01 05401 ULTRASOUND	0	0	27,942	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	68,805	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	34,353	0	0		56.00
56.01 05601 ONCOLOGY	0	0	0	0	0		56.01
57.00 05700 CT SCAN	0	0	121,349	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	39,022	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	39,429	15,471	0		59.00
60.00 06000 LABORATORY	0	0	231,599	0	0		60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	16,604	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0	75,232	0	91,874		65.00
66.00 06600 PHYSICAL THERAPY	0	0	50,572	0	48,713		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	120,985	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,098,618	0	140,401	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	4,896,220	0	92,448	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	21,972,988	401,518	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	4,630	30,943	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	36,673	41,153	0		75.00
76.00 03020 CARDIAC REHAB	0	0	1,836	0	0		76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

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

Worksheet B
Part I
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
76.01	03030	GI LAB	0	0	63,628	0	75,122	76.01
76.02	03040	ECT	0	0	4,192	10,211	0	76.02
76.03	03050	OP PSYCH	0	0	7,021	12,374	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	26,386	0	175,783	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	4,441	0	0	90.01
91.00	09100	EMERGENCY	0	0	183,450	104,892	247,332	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	9,580	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,994,838	21,972,988	2,697,713	1,524,870	9,853,240	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	398,396	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	8,994,838	21,972,988	2,697,713	1,524,870	10,251,636	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/16/2016 4:27 pm
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 OTHER BUILDING-MOB						1.01
1.02 00102 OTHER BUILDING-CANCER CENTER						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02 00590 PURCHASING RECEIVING AND STORES						5.02
5.03 00540 ADMINITTING						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OTHER BUILDING-MOB						7.01
7.02 00702 OTHER BUILDING-CANCER CENTER						7.02
7.03 00703 HEART HOSPITAL						7.03
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-MED CENTER						9.01
9.02 00902 HOUSEKEEPING-MOB						9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER						9.03
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	8,836,001					22.00
23.00 02300 PARAMED PRGM		337,719				23.00
23.01 02301 RADIOLOGY SCHOOL			240,906			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,335,214	0	0	128,001,168	-9,364,981	30.00
31.00 03100 INTENSIVE CARE UNIT	570,541	0	0	29,693,342	-1,232,490	31.00
32.00 03200 CORONARY CARE UNIT	1,358,296	0	0	11,783,275	-2,934,208	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	33,456	0	0	4,697,513	-72,272	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	39,823	0	0	30,983,392	-86,026	35.00
40.00 04000 SUBPROVIDER - IPF	104,113	0	0	13,978,913	-224,906	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	43,651	0	0	8,919,620	-94,295	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	1,710,754	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	592,414	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	899,192	0	0	46,574,120	-1,942,446	50.00
51.00 05100 RECOVERY ROOM	0	0	0	3,846,784	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	525,975	0	0	27,803,325	-1,136,217	52.00
53.00 05300 ANESTHESIOLOGY	21,097	0	0	3,735,142	-45,574	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,653	0	240,906	24,660,603	-23,012	54.00
54.01 05401 ULTRASOUND	0	0	0	5,577,729	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	11,799,662	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	3,828,868	0	56.00
56.01 05601 ONCOLOGY	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	3,476,398	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,261,845	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	6,186,829	0	59.00
60.00 06000 LABORATORY	0	337,719	0	44,385,029	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7,826,445	0	62.00
65.00 06500 RESPIRATORY THERAPY	79,187	0	0	15,131,732	-171,061	65.00
66.00 06600 PHYSICAL THERAPY	41,986	0	0	26,064,878	-90,699	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	14,634,794	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	58,136,438	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	69,166,924	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	154,135,352	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,341,154	0	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

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

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	13,439,413	0	75.00
76.00 03020 CARDIAC REHAB	0	0	0	1,943,187	0	76.00
76.01 03030 GI LAB	64,748	0	0	10,641,055	-139,870	76.01
76.02 03040 ECT	0	0	0	431,259	0	76.02
76.03 03050 OP PSYCH	0	0	0	2,613,025	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	151,509	0	0	9,426,932	-327,292	90.00
90.01 09001 HYPERBARIC/OP WOUND	0	0	0	1,804,179	0	90.01
91.00 09100 EMERGENCY	213,178	0	0	36,615,566	-460,510	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 AMBULATORY CARE UNIT	0	0	0	2,986,162	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	8,492,619	337,719	240,906	840,835,220	-18,345,859	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	4,477,890	0	190.00
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	2,526,133	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	343,382	0	0	40,410,016	-741,778	192.00
193.00 19300 NONPAID WORKERS	0	0	0	632,616	0	193.00
193.01 19301 MEALS ON WHEELS	0	0	0	61,297	0	193.01
193.03 19303 CONVENT	0	0	0	0	0	193.03
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	0	0	0	613,779	0	194.00
194.01 07951 HOSPICE	0	0	0	145,956	0	194.01
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	0	0	11,514,374	0	194.03
194.04 07954 SJMH SHARED SERVICES	0	0	0	3,439,376	0	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,494,591	0	194.05
194.06 07956 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	56,871	0	194.06
194.07 07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 07958 REHAB HOSPITAL	0	0	0	75,510	0	194.08
194.09 07960 MERCY SAFEWATCH	0	0	0	64,507	0	194.09
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)	8,836,001	337,719	240,906	906,348,136	-19,087,637	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

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

Worksheet B
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11/16/2016 4:27 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 OTHER BUILDING-MOB		1.01
1.02	00102 OTHER BUILDING-CANCER CENTER		1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01
2.02	00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER		2.02
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00590 PURCHASING RECEIVING AND STORES		5.02
5.03	00540 ADMITTING		5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OTHER BUILDING-MOB		7.01
7.02	00702 OTHER BUILDING-CANCER CENTER		7.02
7.03	00703 HEART HOSPITAL		7.03
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-MED CENTER		9.01
9.02	00902 HOUSEKEEPING-MOB		9.02
9.03	00903 HOUSEKEEPING-CANCER CENTER		9.03
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02301 RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	118,636,187	30.00
31.00	03100 INTENSIVE CARE UNIT	28,460,852	31.00
32.00	03200 CORONARY CARE UNIT	8,849,067	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	4,625,241	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	30,897,366	35.00
40.00	04000 SUBPROVIDER - IPF	13,754,007	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	8,825,325	43.00
44.00	04400 SKILLED NURSING FACILITY	1,710,754	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	592,414	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	44,631,674	50.00
51.00	05100 RECOVERY ROOM	3,846,784	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	26,667,108	52.00
53.00	05300 ANESTHESIOLOGY	3,689,568	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,637,591	54.00
54.01	05401 ULTRASOUND	5,577,729	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	11,799,662	55.00
56.00	05600 RADIOISOTOPE	3,828,868	56.00
56.01	05601 ONCOLOGY	0	56.01
57.00	05700 CT SCAN	3,476,398	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,261,845	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,186,829	59.00
60.00	06000 LABORATORY	44,385,029	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	7,826,445	62.00
65.00	06500 RESPIRATORY THERAPY	14,960,671	65.00
66.00	06600 PHYSICAL THERAPY	25,974,179	66.00
69.00	06900 ELECTROCARDIOLOGY	14,634,794	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	58,136,438	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	69,166,924	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	154,135,352	73.00
74.00	07400 RENAL DIALYSIS	1,341,154	74.00
75.00	07500 ASC (NON-DIAGNOSTIC PART)	13,439,413	75.00
76.00	03020 CARDIAC REHAB	1,943,187	76.00
76.01	03030 GI LAB	10,501,185	76.01
76.02	03040 ECT	431,259	76.02
76.03	03050 OP PSYCH	2,613,025	76.03

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/16/2016 4:27 pm
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Cost Center Description		Total	
		26.00	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	9,099,640	90.00
90.01	09001 HYPERBARIC/OP WOUND	1,804,179	90.01
91.00	09100 EMERGENCY	36,155,056	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 AMBULATORY CARE UNIT	2,986,162	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
99.10	09910 CORF	0	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	822,489,361	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,477,890	190.00
190.01	19001 VENDING MACHINES	0	190.01
190.02	19002 VISITOR MEALS	0	190.02
191.00	19100 RESEARCH	2,526,133	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	39,668,238	192.00
193.00	19300 NONPAID WORKERS	632,616	193.00
193.01	19301 MEALS ON WHEELS	61,297	193.01
193.03	19303 CONVENT	0	193.03
193.06	19306 VACANT SPACE	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	613,779	194.00
194.01	07951 HOSPICE	145,956	194.01
194.02	07952 SHARED SERVICES	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	11,514,374	194.03
194.04	07954 SJMH SHARED SERVICES	3,439,376	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	1,494,591	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	56,871	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	194.07
194.08	07958 REHAB HOSPITAL	75,510	194.08
194.09	07960 MERCY SAFEWATCH	64,507	194.09
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	887,260,499	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/16/2016 4:27 pm
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CENTER	NEW MVBLE EQUIP		
		0	1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OTHER BUILDING-MOB					1.01	
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01	
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	171,040	1,906	50,158	19,111	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	73,700	0	0	0	5.02
5.03	00540	ADMITTING	0	138,114	525	0	23,662	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	22,466,196	798,085	95,749	7,989	4,322,839	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	3,783,146	79,934	166,041	347,233	6.00
7.00	00700	OPERATION OF PLANT	0	110,614	0	0	544,184	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	6,724	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	131,025	0	0	12,727	8.00
9.00	00900	HOUSEKEEPING	0	255,543	11,814	10,784	62,132	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	0	648,360	15,140	18,465	274,634	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	120,254	0	0	431,796	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	322,008	0	0	659,451	14.00
15.00	01500	PHARMACY	0	236,246	0	11,705	1,047,216	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	78,431	0	8,560	0	16.00
17.00	01700	SOCIAL SERVICE	0	82,549	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	23,463	0	0	60,950	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	23,738	33,502	0	29,849	22.00
23.00	02300	PARAMED PRGM	0	14,630	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	4,102	0	0	1,361	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,002,759	49,256	0	4,398,457	30.00
31.00	03100	INTENSIVE CARE UNIT	0	626,237	0	0	1,284,466	31.00
32.00	03200	CORONARY CARE UNIT	0	228,446	0	0	492,449	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	139,535	0	0	116,744	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	1,039,611	0	0	1,326,063	35.00
40.00	04000	SUBPROVIDER - IPF	0	442,133	0	10,637	67,225	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	80,902	0	0	11,930	43.00
44.00	04400	SKILLED NURSING FACILITY	0	51,916	0	0	271,674	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	35,816	0	0	40,390	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,450,304	0	0	7,282,209	50.00
51.00	05100	RECOVERY ROOM	0	82,662	0	0	57,262	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,132,688	0	0	2,622,516	52.00
53.00	05300	ANESTHESIOLOGY	0	79,771	0	0	663,544	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	842,233	95,263	8,545	3,293,922	54.00
54.01	05401	ULTRASOUND	0	237,118	0	0	975,395	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	130,299	0	287,968	353,451	55.00
56.00	05600	RADIO SOTOPE	0	184,378	0	31,941	232,739	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	55,097	0	42,769	367,908	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	141,877	0	0	488,913	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	311,044	0	0	933,945	59.00
60.00	06000	LABORATORY	0	635,522	0	2,005	1,390,604	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	111,583	0	0	63,433	62.00
65.00	06500	RESPIRATORY THERAPY	0	271,739	21,766	0	780,471	65.00
66.00	06600	PHYSICAL THERAPY	0	675,182	45,576	33,975	228,773	66.00
69.00	06900	ELECTROCARDIOLOGY	0	348,345	7,764	0	1,812,194	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	43,810	0	0	40,492	74.00
75.00	07500	ASC (NON-DI STINCT PART)	0	653,204	0	0	1,142,575	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260020

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

Worksheet B
Part II
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS						
		NEW BLDG & FIXT	OTHER BUI LDING-MOB	OTHER BUI LDING-CANCE R CENTER	NEW MVBLE EQUIP			
		1.00	1.01	1.02	2.00			
76.00 03020 CARDIAC REHAB	0	83,873	0	0	65,267	76.00		
76.01 03030 GI LAB	0	243,884	0	0	1,427,699	76.01		
76.02 03040 ECT	0	26,628	0	0	5,459	76.02		
76.03 03050 OP PSYCH	0	187,107	0	0	15,381	76.03		
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00		
90.00 09000 CLINIC	0	294,847	0	242,873	86,073	90.00		
90.01 09001 HYPERBARIC/OP WOUND	0	67,370	0	0	54,188	90.01		
91.00 09100 EMERGENCY	0	790,204	1,486	0	742,717	91.00		
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02		
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00		
92.01 09201 AMBULATORY CARE UNIT	0	140,423	0	0	332,712	92.01		
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00		
99.10 09910 CORF	0	0	0	0	0	99.10		
SPECIAL PURPOSE COST CENTERS								
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00		
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00		
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,466,196	24,883,595	459,681	934,415	41,313,109	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	138,744	0	0	8,682	190.00		
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01		
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02		
191.00 19100 RESEARCH	0	37,770	9,670	52,016	14,861	191.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	805,141	497,432	79,787	3,180	192.00		
193.00 19300 NONPAID WORKERS	0	110,663	0	0	20,255	193.00		
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01		
193.03 19303 CONVENT	0	0	0	0	0	193.03		
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06		
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07		
194.00 07950 NEIGHBORHOOD MINISTRIES	0	26,886	0	0	320	194.00		
194.01 07951 HOSPICE	0	0	0	0	0	194.01		
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02		
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	1,578,842	579,880	262,655	3,854	194.03		
194.04 07954 SJMH SHARED SERVICES	0	916,886	65,103	11,647	0	194.04		
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	418,670	0	0	0	194.05		
194.06 07956 OTHER NONREIMBURSABLE COST CENTERS	0	15,244	1,083	0	0	194.06		
194.07 07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07		
194.08 07958 REHAB HOSPITAL	0	0	0	0	235	194.08		
194.09 07960 MERCY SAFEWATCH	0	18,070	0	0	0	194.09		
200.00		Cross Foot Adjustments				200.00		
201.00		Negative Cost Centers				201.00		
202.00		TOTAL (sum lines 118-201)	22,466,196	28,950,511	1,612,849	1,340,520	41,364,496	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/16/2016 4:27 pm
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Cost Center Description		CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCER				
		2.01	2.02				
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,879	0	244,094	244,094	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	0	0	73,700	0	5.02
5.03	00540	ADMINISTRATIVE	134	0	162,435	3,458	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	12,246	1,004	27,704,108	8,842	5.04
6.00	00600	MAINTENANCE & REPAIRS	11,155	7,979	4,395,488	2,559	6.00
7.00	00700	OPERATION OF PLANT	0	0	654,798	1,164	7.00
7.01	00701	OTHER BUILDING-MOB	15,812	0	22,536	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	11,346	11,346	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	143,752	438	8.00
9.00	00900	HOUSEKEEPING	4,279	1,475	346,027	4,590	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	9.03
10.00	01000	DIETARY	10,701	3,334	970,634	5,665	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	552,050	3,300	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	981,459	2,801	14.00
15.00	01500	PHARMACY	0	29,193	1,324,360	8,428	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	86,991	511	16.00
17.00	01700	SOCIAL SERVICE	0	0	82,549	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	84,413	4,089	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	19,651	0	106,740	3,450	22.00
23.00	02300	PARAMED PRGM	0	0	14,630	160	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	5,463	148	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	45,841	0	10,496,313	37,718	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,910,703	12,285	31.00
32.00	03200	CORONARY CARE UNIT	0	0	720,895	2,951	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	256,279	1,615	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	2,365,674	10,251	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	519,995	4,786	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	92,832	3,187	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	323,590	526	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	76,206	176	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	8,732,513	11,617	50.00
51.00	05100	RECOVERY ROOM	0	0	139,924	1,577	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,755,204	7,907	52.00
53.00	05300	ANESTHESIOLOGY	0	0	743,315	390	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	239,897	3,308	4,483,168	6,479	54.00
54.01	05401	ULTRASOUND	0	0	1,212,513	1,352	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,274,556	2,046,274	1,836	55.00
56.00	05600	RADIOISOTOPE	0	242,214	691,272	823	56.00
56.01	05601	ONCOLOGY	0	0	0	0	56.01
57.00	05700	CT SCAN	0	160,679	626,453	888	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	630,790	455	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,244,989	1,878	59.00
60.00	06000	LABORATORY	0	687	2,028,818	8,189	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	175,016	2,048	62.00
65.00	06500	RESPIRATORY THERAPY	175,070	0	1,249,046	6,436	65.00
66.00	06600	PHYSICAL THERAPY	44,192	8,641	1,036,339	9,628	66.00
69.00	06900	ELECTROCARDIOLOGY	5,798	0	2,174,101	5,240	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	84,302	489	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	1,795,779	3,481	75.00
76.00	03020	CARDIAC REHAB	0	0	149,140	726	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260020

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

Worksheet B
Part II
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES			
			NEW MVBLE EQUI P-MOB	NEW MVBLE EQUI P-CANCER							
			2.01	2.02	2A					4.00	5.02
76.01	03030	GI LAB	0	0	1,671,583	2,955	1,063	76.01			
76.02	03040	ECT	0	0	32,087	167	24	76.02			
76.03	03050	OP PSYCH	0	0	202,488	611	11	76.03			
OUTPATIENT SERVICE COST CENTERS											
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00			
90.00	09000	CLINIC	0	73,149	696,942	4,427	1,175	90.00			
90.01	09001	HYPERBARIC/OP WOUND	0	0	121,558	785	103	90.01			
91.00	09100	EMERGENCY	0	0	1,534,407	21,520	836	91.00			
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02			
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03			
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00			
92.01	09201	AMBULATORY CARE UNIT	0	0	473,135	895	66	92.01			
OTHER REIMBURSABLE COST CENTERS											
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00			
99.10	09910	CORF	0	0	0	0	0	99.10			
SPECIAL PURPOSE COST CENTERS											
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00			
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00			
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00			
118.00		SUBTOTALS (SUM OF LINES 1-117)	586,655	1,817,565	92,461,216	225,897	73,215	118.00			
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	147,426	244	363	190.00			
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01			
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02			
191.00	19100	RESEARCH	0	952	115,269	978	9	191.00			
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,102	0	1,387,642	15,234	18	192.00			
193.00	19300	NONPAID WORKERS	0	0	130,918	82	8	193.00			
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01			
193.03	19303	CONVENT	0	0	0	0	0	193.03			
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06			
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07			
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	27,206	206	3	194.00			
194.01	07951	HOSPICE	0	0	0	1	5	194.01			
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02			
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	2,425,231	1,452	79	194.03			
194.04	07954	SJMH SHARED SERVICES	0	0	993,636	0	0	194.04			
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	418,670	0	0	194.05			
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	16,327	0	0	194.06			
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07			
194.08	07958	REHAB HOSPITAL	0	0	235	0	0	194.08			
194.09	07960	MERCY SAFEWATCH	0	0	18,070	0	0	194.09			
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)	588,757	1,818,517	98,141,846	244,094	73,700	202.00			

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/16/2016 4:27 pm	
Cost Center Description			ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5.03	5.04	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00590	PURCHASING RECEIVING AND STORES						5.02
5.03	00540	ADMINISTRATIVE	165,955					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	27,713,289				5.04
6.00	00600	MAINTENANCE & REPAIRS	0	1,259,666	5,657,858			6.00
7.00	00700	OPERATION OF PLANT	0	153,504	26,091	835,568		7.00
7.01	00701	OTHER BUILDING-MOB	0	874	0	0	23,410	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	440	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	157,255	30,906	4,585	0	8.00
9.00	00900	HOUSEKEEPING	0	301,724	60,277	8,943	193	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	58	424,143	152,934	22,690	247	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5	237,075	28,365	4,208	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	246,002	75,954	11,269	0	14.00
15.00	01500	PHARMACY	0	647,257	55,725	8,268	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	76,071	18,500	2,745	0	16.00
17.00	01700	SOCIAL SERVICE	0	40,816	19,471	2,889	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	306,091	5,534	821	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	358	265,327	5,599	831	547	22.00
23.00	02300	PARAMED PRGM	0	9,149	3,451	512	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	6,949	967	144	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,684	2,801,887	1,415,917	210,076	804	30.00
31.00	03100	INTENSIVE CARE UNIT	4,931	749,557	147,715	21,916	0	31.00
32.00	03200	CORONARY CARE UNIT	1,103	228,747	53,885	7,995	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	604	117,693	32,913	4,883	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	6,679	826,287	245,221	36,383	0	35.00
40.00	04000	SUBPROVIDER - I PF	801	343,736	104,289	15,473	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	724	259,194	19,083	2,831	0	43.00
44.00	04400	SKILLED NURSING FACILITY	109	47,522	12,246	1,817	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	16	15,147	8,448	1,253	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,646	1,217,176	342,094	50,755	0	50.00
51.00	05100	RECOVERY ROOM	1,204	108,544	19,498	2,893	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,156	691,755	267,176	39,640	0	52.00
53.00	05300	ANESTHESIOLOGY	3,604	104,563	18,816	2,792	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,327	666,262	198,664	29,475	1,554	54.00
54.01	05401	ULTRASOUND	1,714	147,751	55,931	8,298	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,221	341,232	30,734	4,560	0	55.00
56.00	05600	RADIOISOTOPE	2,108	101,406	43,491	6,453	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	7,445	96,035	12,996	1,928	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,394	56,694	33,466	4,965	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,419	159,765	73,368	10,885	0	59.00
60.00	06000	LABORATORY	14,209	1,281,878	149,905	22,241	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,019	228,350	26,320	3,905	0	62.00
65.00	06500	RESPIRATORY THERAPY	4,615	426,729	64,097	9,510	355	65.00
66.00	06600	PHYSICAL THERAPY	3,103	732,184	159,260	23,629	744	66.00
69.00	06900	ELECTROCARDIOLOGY	7,422	407,446	82,167	12,191	127	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,614	1,648,021	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,672	1,962,378	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,573	4,028,742	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	284	35,019	10,334	1,533	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,250	354,907	154,076	22,860	0	75.00
76.00	03020	CARDIAC REHAB	113	52,510	19,784	2,935	0	76.00
76.01	03030	GI LAB	3,904	296,333	57,527	8,535	0	76.01
76.02	03040	ECT	257	10,370	6,281	932	0	76.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/16/2016 4:27 pm	
Cost Center Description		ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
		5.03	5.04	6.00	7.00	7.01	
76.03	03050 OP PSYCH	431	65,295	44,134	6,548	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	1,619	247,304	69,548	10,319	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	272	50,289	15,891	2,358	0	90.01
91.00	09100 EMERGENCY	11,255	1,003,940	186,391	27,654	24	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	588	77,134	33,123	4,914	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	164,510	26,122,125	4,698,563	693,240	4,595	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	74,073	32,727	4,856	0	190.00
190.01	19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	72,715	8,909	1,322	158	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,445	1,135,158	189,915	28,177	8,116	192.00
193.00	19300 NONPAID WORKERS	0	11,403	26,103	3,873	0	193.00
193.01	19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303 CONVENT	0	0	0	0	0	193.03
193.06	19306 VACANT SPACE	0	0	0	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	0	16,875	6,342	941	0	194.00
194.01	07951 HOSPICE	0	4,463	0	0	0	194.01
194.02	07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	0	218,079	372,413	55,254	9,461	194.03
194.04	07954 SJMH SHARED SERVICES	0	38,523	216,273	32,088	1,062	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	16,232	98,755	14,652	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	0	633	3,596	533	18	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958 REHAB HOSPITAL	0	2,309	0	0	0	194.08
194.09	07960 MERCY SAFEWATCH	0	701	4,262	632	0	194.09
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)	165,955	27,713,289	5,657,858	835,568	23,410	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/16/2016 4:27 pm				
Cost Center Description		OTHER BUILDING-CANCER CENTER 7.02	HEART HOSPITAL 7.03	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-MED CENTER 9.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	OTHER BUILDING-MOB				1.01		
1.02	00102	OTHER BUILDING-CANCER CENTER				1.02		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB				2.01		
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				2.02		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.02	00590	PURCHASING RECEIVING AND STORES				5.02		
5.03	00540	ADMITTING				5.03		
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04		
6.00	00600	MAINTENANCE & REPAIRS				6.00		
7.00	00700	OPERATION OF PLANT				7.00		
7.01	00701	OTHER BUILDING-MOB				7.01		
7.02	00702	OTHER BUILDING-CANCER CENTER	11,786			7.02		
7.03	00703	HEART HOSPITAL	0	0		7.03		
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	337,396	8.00		
9.00	00900	HOUSEKEEPING	114	0	35	722,250	9.00	
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	599,468	599,468	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	96,781	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	26,001	0	9.03
10.00	01000	DIETARY	195	0	187	0	16,547	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	23	0	3,069	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	107	0	8,218	14.00
15.00	01500	PHARMACY	124	0	270	0	6,029	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	90	0	0	0	2,002	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	2,107	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	11	0	599	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	606	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	373	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	105	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	154,137	0	153,194	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	22,456	0	15,982	31.00
32.00	03200	CORONARY CARE UNIT	0	0	8,563	0	5,830	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	6,761	0	3,561	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	8,563	0	26,532	35.00
40.00	04000	SUBPROVIDER - I PF	112	0	5,506	0	11,284	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	2,065	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	370	0	1,325	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	323	0	914	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	9,942	0	37,013	50.00
51.00	05100	RECOVERY ROOM	0	0	1,808	0	2,110	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	23,263	0	28,907	52.00
53.00	05300	ANESTHESIOLOGY	0	0	28	0	2,036	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	90	0	15,677	0	21,495	54.00
54.01	05401	ULTRASOUND	0	0	2,695	0	6,051	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,041	0	7,086	0	3,325	55.00
56.00	05600	RADIOISOTOPE	337	0	1,285	0	4,706	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	452	0	2,344	0	1,406	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,482	0	3,621	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,700	0	7,938	59.00
60.00	06000	LABORATORY	21	0	6	0	16,219	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	137	0	2,848	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,539	0	6,935	65.00
66.00	06600	PHYSICAL THERAPY	359	0	10,779	0	17,231	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	5,874	0	8,890	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	770	0	1,118	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	10,155	0	16,670	75.00
76.00	03020	CARDIAC REHAB	0	0	192	0	2,141	76.00
76.01	03030	GI LAB	0	0	6,787	0	6,224	76.01
76.02	03040	ECT	0	0	590	0	680	76.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/16/2016 4:27 pm	
Cost Center Description		OTHER BUI LDING-CANCE R CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-M ED CENTER	
		7.02	7.03	8.00	9.00	9.01	
76.03	03050 OP PSYCH	0	0	0	0	4,775	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	2,564	0	3,295	0	7,525	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	0	1,719	90.01
91.00	09100 EMERGENCY	0	0	17,162	0	20,167	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	1,940	0	3,584	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,499	0	336,848	722,250	495,676	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3,541	190.00
190.01	19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	549	0	89	0	964	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	842	0	459	0	20,548	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	2,824	193.00
193.01	19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303 CONVENT	0	0	0	0	0	193.03
193.06	19306 VACANT SPACE	0	0	0	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	0	0	0	0	686	194.00
194.01	07951 HOSPICE	0	0	0	0	0	194.01
194.02	07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	2,773	0	0	0	40,294	194.03
194.04	07954 SJMH SHARED SERVICES	123	0	0	0	23,400	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	10,685	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	389	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958 REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960 MERCY SAFEWATCH	0	0	0	0	461	194.09
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)	11,786	0	337,396	722,250	599,468	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/16/2016 4:27 pm			
Cost Center Description		HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.02	9.03	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00540	ADMINISTRATIVE					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB	96,781				9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	26,001			9.03
10.00	01000	DIETARY	1,030	434	1,596,713		10.00
11.00	01100	CAFETERIA	0	0	762,189	762,189	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	10,664	838,788
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	21,433	0
15.00	01500	PHARMACY	0	275	0	26,215	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	201	0	2,730	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	19,396	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,279	0	0	6,725	0
23.00	02300	PARAMED PRGM	0	0	0	501	0
23.01	02301	RADIOLOGY SCHOOL	0	0	0	436	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,350	0	486,584	177,393	343,641
31.00	03100	INTENSIVE CARE UNIT	0	0	68,873	42,331	85,179
32.00	03200	CORONARY CARE UNIT	0	0	22,392	13,617	28,608
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	11,177	6,755	14,185
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	39,801	83,528
40.00	04000	SUBPROVIDER - I/PF	0	250	61,095	23,138	35,695
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	12,664	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	3,028
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	945
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	47,851	74,786
51.00	05100	RECOVERY ROOM	0	0	0	6,029	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	32,084	67,376
53.00	05300	ANESTHESIOLOGY	0	0	0	2,813	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,479	201	0	19,087	0
54.01	05401	ULTRASOUND	0	0	0	4,796	8,513
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,775	0	5,907	0
56.00	05600	RADIOISOTOPE	0	751	0	2,276	0
56.01	05601	ONCOLOGY	0	0	0	0	0
57.00	05700	CT SCAN	0	1,006	0	3,628	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,909	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,010	5,966
60.00	06000	LABORATORY	0	47	0	44,515	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	8,587	0
65.00	06500	RESPIRATORY THERAPY	1,480	0	0	26,745	0
66.00	06600	PHYSICAL THERAPY	3,100	799	0	20,142	0
69.00	06900	ELECTROCARDIOLOGY	528	0	0	12,098	17,370
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	1,575	3,296
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	9,187	0
76.00	03020	CARDIAC REHAB	0	0	0	2,895	0
76.01	03030	GI LAB	0	0	0	7,909	0
76.02	03040	ECT	0	0	0	725	0
76.03	03050	OP PSYCH	0	0	0	2,854	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/16/2016 4:27 pm	
Cost Center Description		HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.02	9.03	10.00	11.00	13.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	5,712	0	17,519	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	101	0	0	37,319	59,701	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	0	3,330	6,971	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	18,347	16,451	1,412,310	731,589	838,788	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	178,043	2,089	0	190.00
190.01	19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	658	1,223	0	3,300	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	33,833	1,876	0	16,562	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	514	0	193.00
193.01	19301 MEALS ON WHEELS	0	0	6,360	0	0	193.01
193.03	19303 CONVENT	0	0	0	0	0	193.03
193.06	19306 VACANT SPACE	0	0	0	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951 HOSPICE	0	0	0	0	0	194.01
194.02	07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	39,441	6,177	0	8,135	0	194.03
194.04	07954 SJMH SHARED SERVICES	4,428	274	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	74	0	0	0	0	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958 REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960 MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	96,781	26,001	1,596,713	762,189	838,788	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/16/2016 4:27 pm		
Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES		
	14.00	15.00	16.00	17.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00540	ADMINISTRATIVE					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB					9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER					9.03
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,347,483				14.00
15.00	01500	PHARMACY	0	2,105,916			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	189,842		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	147,837	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	408	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	15,599	69,412	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,622	16,320	31.00
32.00	03200	CORONARY CARE UNIT	0	0	1,257	6,090	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	689	2,580	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	7,614	4,050	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	913	22,476	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	826	2,760	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	125	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	18	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	9,857	0	50.00
51.00	05100	RECOVERY ROOM	0	0	1,372	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,737	3,300	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,108	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	9,493	0	54.00
54.01	05401	ULTRASOUND	0	0	1,954	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	4,812	0	55.00
56.00	05600	RADIOISOTOPE	0	0	2,403	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	8,487	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,729	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,758	1,500	59.00
60.00	06000	LABORATORY	0	0	16,198	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1,161	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,262	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,537	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	8,462	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	613,997	0	9,819	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	733,486	0	6,466	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,105,916	29,249	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	324	3,000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	2,565	3,990	75.00
76.00	03020	CARDIAC REHAB	0	0	128	0	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260020

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

Worksheet B
Part II
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
76.01	03030	GI LAB	0	0	4,450	0		76.01
76.02	03040	ECT	0	0	293	990		76.02
76.03	03050	OP PSYCH	0	0	491	1,200		76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	0	0	1,845	0		90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	311	0		90.01
91.00	09100	EMERGENCY	0	0	12,830	10,169		91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0		91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	670	0		92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
99.10	09910	CORF	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,347,483	2,105,916	189,842	147,837	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	VENDING MACHINES	0	0	0	0		190.01
190.02	19002	VISITOR MEALS	0	0	0	0		190.02
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0		193.01
193.03	19303	CONVENT	0	0	0	0		193.03
193.06	19306	VACANT SPACE	0	0	0	0		193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0		193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0		194.00
194.01	07951	HOSPICE	0	0	0	0		194.01
194.02	07952	SHARED SERVICES	0	0	0	0		194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	0	0		194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0		194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0		194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0		194.09
200.00		Cross Foot Adjustments					420,958	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,347,483	2,105,916	189,842	147,837	420,958	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/16/2016 4:27 pm
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		22.00	23.00	23.01	24.00	25.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	OTHER BUILDING-MOB				1.01
1.02	00102	OTHER BUILDING-CANCER CENTER				1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB				2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.02	00590	PURCHASING RECEIVING AND STORES				5.02
5.03	00540	ADMINISTRATIVE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OTHER BUILDING-MOB				7.01
7.02	00702	OTHER BUILDING-CANCER CENTER				7.02
7.03	00703	HEART HOSPITAL				7.03
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-MED CENTER				9.01
9.02	00902	HOUSEKEEPING-MOB				9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER				9.03
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	392,885			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM		28,777		23.00
23.01	02301	RADIOLOGY SCHOOL			14,213	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			16,381,623	0 30.00
31.00	03100	INTENSIVE CARE UNIT			3,104,704	0 31.00
32.00	03200	CORONARY CARE UNIT			1,102,152	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT			459,816	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0 34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT			3,661,014	0 35.00
40.00	04000	SUBPROVIDER - IPF			1,149,589	0 40.00
41.00	04100	SUBPROVIDER - IRF			0	0 41.00
42.00	04200	SUBPROVIDER			0	0 42.00
43.00	04300	NURSERY			396,279	0 43.00
44.00	04400	SKILLED NURSING FACILITY			390,658	0 44.00
45.00	04500	NURSING FACILITY			0	0 45.00
46.00	04600	OTHER LONG TERM CARE			103,446	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			10,559,915	0 50.00
51.00	05100	RECOVERY ROOM			285,003	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			4,926,225	0 52.00
53.00	05300	ANESTHESIOLOGY			884,304	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			5,467,618	0 54.00
54.01	05401	ULTRASOUND			1,451,596	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC			2,459,838	0 55.00
56.00	05600	RADIOISOTOPE			857,883	0 56.00
56.01	05601	ONCOLOGY			0	0 56.01
57.00	05700	CT SCAN			763,359	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			738,582	0 58.00
59.00	05900	CARDIAC CATHETERIZATION			1,523,382	0 59.00
60.00	06000	LABORATORY			3,584,716	0 60.00
60.01	06001	LABORATORY-PATHOLOGICAL			0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			449,952	0 62.00
65.00	06500	RESPIRATORY THERAPY			1,803,585	0 65.00
66.00	06600	PHYSICAL THERAPY			2,021,103	0 66.00
69.00	06900	ELECTROCARDIOLOGY			2,746,558	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			2,280,451	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT			2,708,002	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			6,187,480	0 73.00
74.00	07400	RENAL DIALYSIS			142,124	0 74.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/16/2016 4:27 pm	
Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
75.00 07500 ASC (NON-DISTINCT PART)				2,377,100	0	75.00
76.00 03020 CARDIAC REHAB				230,573	0	76.00
76.01 03030 GI LAB				2,067,270	0	76.01
76.02 03040 ECT				53,396	0	76.02
76.03 03050 OP PSYCH				328,838	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC				0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00 09000 CLINIC				1,069,794	0	90.00
90.01 09001 HYPERBARIC/OP WOUND				193,286	0	90.01
91.00 09100 EMERGENCY				2,943,476	0	91.00
91.02 09101 NATURAL FAMILY PLANNING				0	0	91.02
91.03 09102 PAIN THERAPY CENTER				0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00
92.01 09201 AMBULATORY CARE UNIT				606,350	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES				0	0	95.00
99.10 09910 CORF				0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION				0	0	109.00
110.00 11000 INTESTINAL ACQUISITION				0	0	110.00
111.00 11100 ISLET ACQUISITION				0	0	111.00
118.00		0	0	0	88,461,040	0
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				443,362	0	190.00
190.01 19001 VENDING MACHINES				0	0	190.01
190.02 19002 VISITOR MEALS				0	0	190.02
191.00 19100 RESEARCH				206,143	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES				2,839,825	0	192.00
193.00 19300 NONPAID WORKERS				175,725	0	193.00
193.01 19301 MEALS ON WHEELS				6,360	0	193.01
193.03 19303 CONVENT				0	0	193.03
193.06 19306 VACANT SPACE				0	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE				0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES				52,259	0	194.00
194.01 07951 HOSPICE				4,469	0	194.01
194.02 07952 SHARED SERVICES				0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE				3,178,789	0	194.03
194.04 07954 SJMH SHARED SERVICES				1,309,807	0	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS				558,994	0	194.05
194.06 07956 OTHER NONREIMBURSABLE COST CENTERS				21,570	0	194.06
194.07 07957 OTHER NONREIMBURSABLE COST CENTERS				0	0	194.07
194.08 07958 REHAB HOSPITAL				2,544	0	194.08
194.09 07960 MERCY SAFEWATCH				24,126	0	194.09
200.00	Cross Foot Adjustments	392,885	28,777	14,213	856,833	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	392,885	28,777	14,213	98,141,846	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/16/2016 4:27 pm
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Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101 OTHER BUILDING-MOB			1.01
1.02	00102 OTHER BUILDING-CANCER CENTER			1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB			2.01
2.02	00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER			2.02
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.02	00590 PURCHASING RECEIVING AND STORES			5.02
5.03	00540 ADMITTING			5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL			5.04
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
7.01	00701 OTHER BUILDING-MOB			7.01
7.02	00702 OTHER BUILDING-CANCER CENTER			7.02
7.03	00703 HEART HOSPITAL			7.03
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
9.01	00901 HOUSEKEEPING-MED CENTER			9.01
9.02	00902 HOUSEKEEPING-MOB			9.02
9.03	00903 HOUSEKEEPING-CANCER CENTER			9.03
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM			23.00
23.01	02301 RADIOLOGY SCHOOL			23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	16,381,623		30.00
31.00	03100 INTENSIVE CARE UNIT	3,104,704		31.00
32.00	03200 CORONARY CARE UNIT	1,102,152		32.00
33.00	03300 BURN INTENSIVE CARE UNIT	459,816		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	3,661,014		35.00
40.00	04000 SUBPROVIDER - IPF	1,149,589		40.00
41.00	04100 SUBPROVIDER - IRF	0		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	396,279		43.00
44.00	04400 SKILLED NURSING FACILITY	390,658		44.00
45.00	04500 NURSING FACILITY	0		45.00
46.00	04600 OTHER LONG TERM CARE	103,446		46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	10,559,915		50.00
51.00	05100 RECOVERY ROOM	285,003		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,926,225		52.00
53.00	05300 ANESTHESIOLOGY	884,304		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,467,618		54.00
54.01	05401 ULTRASOUND	1,451,596		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	2,459,838		55.00
56.00	05600 RADIOISOTOPE	857,883		56.00
56.01	05601 ONCOLOGY	0		56.01
57.00	05700 CT SCAN	763,359		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	738,582		58.00
59.00	05900 CARDIAC CATHETERIZATION	1,523,382		59.00
60.00	06000 LABORATORY	3,584,716		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	449,952		62.00
65.00	06500 RESPIRATORY THERAPY	1,803,585		65.00
66.00	06600 PHYSICAL THERAPY	2,021,103		66.00
69.00	06900 ELECTROCARDIOLOGY	2,746,558		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,280,451		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,708,002		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,187,480		73.00
74.00	07400 RENAL DIALYSIS	142,124		74.00
75.00	07500 ASC (NON-DIAGNOSTIC PART)	2,377,100		75.00
76.00	03020 CARDIAC REHAB	230,573		76.00
76.01	03030 GI LAB	2,067,270		76.01
76.02	03040 ECT	53,396		76.02
76.03	03050 OP PSYCH	328,838		76.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/16/2016 4:27 pm
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Cost Center Description		Total	
		26.00	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	1,069,794	90.00
90.01	09001 HYPERBARIC/OP WOUND	193,286	90.01
91.00	09100 EMERGENCY	2,943,476	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201 AMBULATORY CARE UNIT	606,350	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
99.10	09910 CORF	0	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	88,461,040	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	443,362	190.00
190.01	19001 VENDING MACHINES	0	190.01
190.02	19002 VISITOR MEALS	0	190.02
191.00	19100 RESEARCH	206,143	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,839,825	192.00
193.00	19300 NONPAID WORKERS	175,725	193.00
193.01	19301 MEALS ON WHEELS	6,360	193.01
193.03	19303 CONVENT	0	193.03
193.06	19306 VACANT SPACE	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	52,259	194.00
194.01	07951 HOSPICE	4,469	194.01
194.02	07952 SHARED SERVICES	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	3,178,789	194.03
194.04	07954 SJMH SHARED SERVICES	1,309,807	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	558,994	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	21,570	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	194.07
194.08	07958 REHAB HOSPITAL	2,544	194.08
194.09	07960 MERCY SAFEWATCH	24,126	194.09
200.00	Cross Foot Adjustments	856,833	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	98,141,846	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

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

Worksheet B-1

Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCER CENTER (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	NEW MVBLE EQUIP-MOB (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	2.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,792,819					1.00
1.01	00101	OTHER BUILDING-MOB	0	291,883				1.01
1.02	00102	OTHER BUILDING-CANCER CENTER	0	0	91,617			1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				21,087,557		2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB				0	588,756	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				0	0	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,592	345	3,428	9,743	1,879	4.00
5.02	00590	PURCHASING RECEIVING AND STORES	4,564	0	0	0	0	5.02
5.03	00540	ADMINISTRATIVE AND GENERAL	8,553	95	0	12,063	134	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	49,423	17,328	546	2,203,777	12,246	5.04
6.00	00600	MAINTENANCE & REPAIRS	234,279	14,466	11,348	177,019	11,155	6.00
7.00	00700	OPERATION OF PLANT	6,850	0	0	277,424	0	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	3,428	15,812	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	8,114	0	0	6,488	0	8.00
9.00	00900	HOUSEKEEPING	15,825	2,138	737	31,675	4,279	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	40,151	2,740	1,262	140,008	10,701	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,447	0	0	220,129	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,941	0	0	336,187	0	14.00
15.00	01500	PHARMACY	14,630	0	800	533,869	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,857	0	585	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,112	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,453	0	0	31,072	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,470	6,063	0	15,217	19,651	22.00
23.00	02300	PARAMED ED PRGM	906	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	254	0	0	694	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	371,733	8,914	0	2,242,327	45,841	30.00
31.00	03100	INTENSIVE CARE UNIT	38,781	0	0	654,819	0	31.00
32.00	03200	CORONARY CARE UNIT	14,147	0	0	251,050	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,641	0	0	59,516	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	64,380	0	0	676,025	0	35.00
40.00	04000	SUBPROVIDER - IPF	27,380	0	727	34,271	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,010	0	0	6,082	0	43.00
44.00	04400	SKILLED NURSING FACILITY	3,215	0	0	138,499	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	2,218	0	0	20,591	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	89,813	0	0	3,712,455	0	50.00
51.00	05100	RECOVERY ROOM	5,119	0	0	29,192	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,144	0	0	1,336,955	0	52.00
53.00	05300	ANESTHESIOLOGY	4,940	0	0	338,274	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,157	17,240	584	1,679,237	239,896	54.00
54.01	05401	ULTRASOUND	14,684	0	0	497,255	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,069	0	19,681	180,189	0	55.00
56.00	05600	RADIOISOTOPE	11,418	0	2,183	118,650	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	3,412	0	2,923	187,559	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,786	0	0	249,247	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,262	0	0	476,124	0	59.00
60.00	06000	LABORATORY	39,356	0	137	708,928	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,910	0	0	32,338	0	62.00
65.00	06500	RESPIRATORY THERAPY	16,828	3,939	0	397,883	175,070	65.00
66.00	06600	PHYSICAL THERAPY	41,812	8,248	2,322	116,628	44,192	66.00
69.00	06900	ELECTROCARDIOLOGY	21,572	1,405	0	923,854	5,798	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,713	0	0	20,643	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

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

Worksheet B-1

Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	OTHER BUI LDING-MOB (SQUARE FEET)	OTHER BUI LDING-CANCE R CENTER (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	NEW MVBLE EQUIP-MOB (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	2.01		
75.00	07500	ASC (NON-DISTINCT PART)	40,451	0	0	582,483	0	75.00
76.00	03020	CARDIAC REHAB	5,194	0	0	33,273	0	76.00
76.01	03030	GI LAB	15,103	0	0	727,839	0	76.01
76.02	03040	ECT	1,649	0	0	2,783	0	76.02
76.03	03050	OP PSYCH	11,587	0	0	7,841	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	18,259	0	16,599	43,880	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	4,172	0	0	27,625	0	90.01
91.00	09100	EMERGENCY	48,935	269	0	378,636	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	8,696	0	0	169,616	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,540,967	83,190	63,862	21,061,360	586,654	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,592	0	0	4,426	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	2,339	1,750	3,555	7,576	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	49,860	90,022	5,453	1,621	2,102	192.00
193.00	19300	NONPAID WORKERS	6,853	0	0	10,326	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	1,665	0	0	163	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	97,773	104,943	17,951	1,965	0	194.03
194.04	07954	SJMH SHARED SERVICES	56,780	11,782	796	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	25,927	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	944	196	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	120	0	194.08
194.09	07960	MERCY SAFEWATCH	1,119	0	0	0	0	194.09
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)	28,950,511	1,612,849	1,340,520	41,364,496	588,757	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.148039	5.525670	14.631782	1.961559	1.000002	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

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

Worksheet B-1
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASING G)	ADMITTING (GROSS REVENUE)	Reconciliation	
	NEW MVBLE EQUIP-CANCER (DOLLAR VALUE)						
	2.02		4.00	5.02	5.03	5A.04	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 OTHER BUILDING-MOB							1.01
1.02 00102 OTHER BUILDING-CANCER CENTER							1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB							2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER	1,818,517						2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0		306,325,052				4.00
5.02 00590 PURCHASING RECEIVING AND STORES	0		0	233,639,666			5.02
5.03 00540 ADMITTING	0		4,339,189	196,632	3,339,129,624		5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	1,004		11,094,683	1,074,808	0	-191,532,465	5.04
6.00 00600 MAINTENANCE & REPAIRS	7,979		3,211,002	460,545	0	0	6.00
7.00 00700 OPERATION OF PLANT	0		1,460,052	33,447	0	0	7.00
7.01 00701 OTHER BUILDING-MOB	0		0	160	0	0	7.01
7.02 00702 OTHER BUILDING-CANCER CENTER	11,346		0	0	0	0	7.02
7.03 00703 HEART HOSPITAL	0		0	0	0	0	7.03
8.00 00800 LAUNDRY & LINEN SERVICE	0		549,838	1,458,950	0	0	8.00
9.00 00900 HOUSEKEEPING	1,475		5,759,208	1,101,785	0	0	9.00
9.01 00901 HOUSEKEEPING-MED CENTER	0		0	0	0	0	9.01
9.02 00902 HOUSEKEEPING-MOB	0		0	0	0	0	9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER	0		0	0	0	0	9.03
10.00 01000 DIETARY	3,334		7,108,052	6,186,334	1,154,215	0	10.00
11.00 01100 CAFETERIA	0		0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	0		4,140,616	90,976	99,082	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0		3,514,537	760,363	0	0	14.00
15.00 01500 PHARMACY	29,193		10,574,101	91,627,369	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0		641,187	3,438	0	0	16.00
17.00 01700 SOCIAL SERVICE	0		0	14,584	0	0	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0		5,130,117	13,591	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		4,328,984	46,262	7,164,543	0	22.00
23.00 02300 PARAMED ED PRGM	0		200,309	3,687	0	0	23.00
23.01 02301 RADIOLOGY SCHOOL	0		185,463	2,985	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0		47,386,157	6,075,926	273,671,388	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0		15,413,868	2,648,446	98,624,415	0	31.00
32.00 03200 CORONARY CARE UNIT	0		3,702,361	694,471	22,051,269	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0		2,026,328	385,590	12,084,531	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	0		12,861,438	1,369,101	133,581,012	0	35.00
40.00 04000 SUBPROVIDER - IPF	0		6,005,313	127,021	16,014,021	0	40.00
41.00 04100 SUBPROVIDER - IRF	0		0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0		0	0	0	0	42.00
43.00 04300 NURSERY	0		3,998,956	357,813	14,486,064	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0		659,556	0	2,185,125	0	44.00
45.00 04500 NURSING FACILITY	0		0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0		220,623	0	323,272	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0		14,575,522	56,078,411	172,928,938	0	50.00
51.00 05100 RECOVERY ROOM	0		1,978,407	141,266	24,075,440	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0		9,920,628	2,284,971	83,110,004	0	52.00
53.00 05300 ANESTHESIOLOGY	0		488,942	5,839,193	72,070,554	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,308		8,129,229	3,705,818	166,545,956	0	54.00
54.01 05401 ULTRASOUND	0		1,696,060	89,960	34,284,560	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	1,274,556		2,303,651	111,249	84,423,532	0	55.00
56.00 05600 RADIOISOTOPE	242,214		1,033,075	1,816,312	42,150,723	0	56.00
56.01 05601 ONCOLOGY	0		0	0	0	0	56.01
57.00 05700 CT SCAN	160,679		1,114,183	923,446	148,894,313	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0		570,787	245,663	47,880,155	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0		2,356,631	3,830,075	48,379,494	0	59.00
60.00 06000 LABORATORY	687		10,275,130	7,840,363	284,170,911	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0		0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		2,569,178	1,779,868	20,373,129	0	62.00
65.00 06500 RESPIRATORY THERAPY	0		8,075,264	2,653,790	92,308,668	0	65.00
66.00 06600 PHYSICAL THERAPY	8,641		12,080,457	853,131	62,051,545	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0		6,574,334	14,737,776	148,447,491	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	172,270,561	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0		0	0	113,432,965	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0		0	0	491,562,755	0	73.00
74.00 07400 RENAL DIALYSIS	0		613,273	252,395	5,681,393	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASING G)	ADMITTING (GROSS REVENUE)	Reconciliation	
	NEW MVBLE EQUIP-CANCER (DOLLAR VALUE)						
	2.02	4.00	5.02	5.03	5A.04		
75.00 07500 ASC (NON-DISTINCT PART)	0		4,368,063	3,747,454	44,997,183	0	75.00
76.00 03020 CARDIAC REHAB	0		910,415	27,868	2,253,279	0	76.00
76.01 03030 GI LAB	0		3,707,648	3,375,206	78,071,099	0	76.01
76.02 03040 ECT	0		209,369	74,871	5,143,506	0	76.02
76.03 03050 OP PSYCH	0		766,285	33,864	8,614,202	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	73,149		5,555,024	3,729,605	32,375,416	0	90.00
90.01 09001 HYPERBARIC/OP WOUND	0		984,322	328,391	5,448,581	0	90.01
91.00 09100 EMERGENCY	0		27,001,424	2,653,492	225,091,739	0	91.00
91.02 09101 NATURAL FAMILY PLANNING	0		0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0		0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	0	92.00
92.01 09201 AMBULATORY CARE UNIT	0		1,122,989	207,957	11,754,125	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0		0	0	0	0	95.00
99.10 09910 CORF	0		0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0		0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0		0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,817,565		283,492,228	232,096,679	3,310,231,154	-191,532,465	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		306,674	1,152,527	0	0	190.00
190.01 19001 VENDING MACHINES	0		0	0	0	0	190.01
190.02 19002 VISITOR MEALS	0		0	0	0	0	190.02
191.00 19100 RESEARCH	952		1,226,478	29,041	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0		19,114,593	57,815	28,898,470	0	192.00
193.00 19300 NONPAID WORKERS	0		103,083	26,142	0	0	193.00
193.01 19301 MEALS ON WHEELS	0		0	0	0	0	193.01
193.03 19303 CONVENT	0		0	0	0	0	193.03
193.06 19306 VACANT SPACE	0		0	0	0	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0		0	0	0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	0		259,050	10,277	0	0	194.00
194.01 07951 HOSPICE	0		1,336	14,536	0	0	194.01
194.02 07952 SHARED SERVICES	0		0	0	0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0		1,821,610	251,155	0	0	194.03
194.04 07954 SJMH SHARED SERVICES	0		0	0	0	0	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0		0	0	0	0	194.05
194.06 07956 OTHER NONREIMBURSABLE COST CENTERS	0		0	0	0	0	194.06
194.07 07957 OTHER NONREIMBURSABLE COST CENTERS	0		0	0	0	0	194.07
194.08 07958 REHAB HOSPITAL	0		0	1,494	0	0	194.08
194.09 07960 MERCY SAFEWATCH	0		0	0	0	0	194.09
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)	1,818,517		87,430,492	73,700	5,922,644		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.000000		0.285417	0.000315	0.001774		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			244,094	73,700	165,955		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000797	0.000315	0.000050		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

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From 07/01/2015
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Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCER CENTER (SQUARE FEET)	
		5.04	6.00	7.00	7.01	7.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00540	ADMINISTRATIVE					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	714,815,671				5.04
6.00	00600	MAINTENANCE & REPAIRS	32,490,744	1,485,408			6.00
7.00	00700	OPERATION OF PLANT	3,959,343	6,850	1,478,558		7.00
7.01	00701	OTHER BUILDING-MOB	22,536	0	0	259,649	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	11,346	0	0	0	76,295
7.03	00703	HEART HOSPITAL	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	4,056,092	8,114	8,114	0	0
9.00	00900	HOUSEKEEPING	7,782,420	15,825	15,825	2,138	737
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0
10.00	01000	DIETARY	10,939,967	40,151	40,151	2,740	1,262
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	6,114,914	7,447	7,447	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,345,160	19,941	19,941	0	0
15.00	01500	PHARMACY	16,694,782	14,630	14,630	0	800
16.00	01600	MEDICAL RECORDS & LIBRARY	1,962,116	4,857	4,857	0	585
17.00	01700	SOCIAL SERVICE	1,052,765	5,112	5,112	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,895,058	1,453	1,453	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,843,620	1,470	1,470	6,063	0
23.00	02300	PARAMEDICAL PRGM	235,983	906	906	0	0
23.01	02301	RADIOLOGY SCHOOL	179,234	254	254	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	72,269,462	371,733	371,733	8,914	0
31.00	03100	INTENSIVE CARE UNIT	19,333,428	38,781	38,781	0	0
32.00	03200	CORONARY CARE UNIT	5,900,108	14,147	14,147	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	3,035,676	8,641	8,641	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	21,312,523	64,380	64,380	0	0
40.00	04000	SUBPROVIDER - IPF	8,866,033	27,380	27,380	0	727
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	6,685,436	5,010	5,010	0	0
44.00	04400	SKILLED NURSING FACILITY	1,225,754	3,215	3,215	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	390,694	2,218	2,218	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,394,781	89,813	89,813	0	0
51.00	05100	RECOVERY ROOM	2,799,690	5,119	5,119	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,842,527	70,144	70,144	0	0
53.00	05300	ANESTHESIOLOGY	2,696,999	4,940	4,940	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,184,981	52,157	52,157	17,240	584
54.01	05401	ULTRASOUND	3,810,964	14,684	14,684	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	8,801,444	8,069	8,069	0	19,681
56.00	05600	RADIOISOTOPE	2,615,572	11,418	11,418	0	2,183
56.01	05601	ONCOLOGY	0	0	0	0	0
57.00	05700	CT SCAN	2,477,056	3,412	3,412	0	2,923
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,462,313	8,786	8,786	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,120,830	19,262	19,262	0	0
60.00	06000	LABORATORY	33,063,670	39,356	39,356	0	137
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,889,871	6,910	6,910	0	0
65.00	06500	RESPIRATORY THERAPY	11,006,669	16,828	16,828	3,939	0
66.00	06600	PHYSICAL THERAPY	18,885,317	41,812	41,812	8,248	2,322
69.00	06900	ELECTROCARDIOLOGY	10,509,300	21,572	21,572	1,405	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	42,507,628	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	50,615,882	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	103,916,880	0	0	0	0
74.00	07400	RENAL DIALYSIS	903,261	2,713	2,713	0	0
75.00	07500	ASC (NON-DISTINCT PART)	9,154,171	40,451	40,451	0	0
76.00	03020	CARDIAC REHAB	1,354,397	5,194	5,194	0	0

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CAN- R CENTER (SQUARE FEET)	
			5.04	6.00	7.00	7.01	7.02	
76.01	03030	GI LAB	7,643,365	15,103	15,103	0	0	76.01
76.02	03040	ECT	267,471	1,649	1,649	0	0	76.02
76.03	03050	OP PSYCH	1,684,156	11,587	11,587	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	6,378,752	18,259	18,259	0	16,599	90.00
90.01	09001	HYPERBARIC/OP WOUND	1,297,104	4,172	4,172	0	0	90.01
91.00	09100	EMERGENCY	25,894,772	48,935	48,935	269	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	1,989,531	8,696	8,696	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	673,774,548	1,233,556	1,226,706	50,956	48,540	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,910,571	8,592	8,592	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,875,561	2,339	2,339	1,750	3,555	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	29,279,300	49,860	49,860	90,022	5,453	192.00
193.00	19300	NONPAID WORKERS	294,117	6,853	6,853	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	435,262	1,665	1,665	0	0	194.00
194.01	07951	HOSPICE	115,112	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	5,624,944	97,773	97,773	104,943	17,951	194.03
194.04	07954	SJMH SHARED SERVICES	993,636	56,780	56,780	11,782	796	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	418,670	25,927	25,927	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	16,327	944	944	196	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	59,553	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	18,070	1,119	1,119	0	0	194.09
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)	191,532,465	41,196,541	5,210,216	28,574	14,386	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.267947	27.734159	3.523850	0.110049	0.188558	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	27,713,289	5,657,858	835,568	23,410	11,786	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.038770	3.808959	0.565124	0.090160	0.154479	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet B-1	
Date/Time Prepared: 11/16/2016 4:27 pm							
Cost Center Description		HEART HOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-MED CENTER (SQUARE FEET)	HOUSEKEEPING-MOB (SQUARE FEET)	
		7.03	8.00	9.00	9.01	9.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00540	ADMINITTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL	1,478,558				7.03
8.00	00800	LAUNDRY & LINEN SERVICE	8,114	2,679,091			8.00
9.00	00900	HOUSEKEEPING	15,825	276	371,030		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	307,955	1,454,619	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	49,718	0	257,511
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	13,357	0	0
10.00	01000	DIETARY	40,151	1,481	0	40,151	2,740
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	7,447	183	0	7,447	0
14.00	01400	CENTRAL SERVICES & SUPPLY	19,941	853	0	19,941	0
15.00	01500	PHARMACY	14,630	2,147	0	14,630	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,857	0	0	4,857	0
17.00	01700	SOCIAL SERVICE	5,112	0	0	5,112	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,453	90	0	1,453	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,470	0	0	1,470	6,063
23.00	02300	PARAMED ED PRGM	906	0	0	906	0
23.01	02301	RADIOLOGY SCHOOL	254	0	0	254	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	371,733	1,223,927	0	371,733	8,914
31.00	03100	INTENSIVE CARE UNIT	38,781	178,311	0	38,781	0
32.00	03200	CORONARY CARE UNIT	14,147	67,991	0	14,147	0
33.00	03300	BURN INTENSIVE CARE UNIT	8,641	53,686	0	8,641	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	64,380	67,997	0	64,380	0
40.00	04000	SUBPROVIDER - I PF	27,380	43,721	0	27,380	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	5,010	0	0	5,010	0
44.00	04400	SKILLED NURSING FACILITY	3,215	2,937	0	3,215	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	2,218	2,562	0	2,218	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	89,813	78,948	0	89,813	0
51.00	05100	RECOVERY ROOM	5,119	14,355	0	5,119	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,144	184,718	0	70,144	0
53.00	05300	ANESTHESIOLOGY	4,940	220	0	4,940	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,157	124,485	0	52,157	17,240
54.01	05401	ULTRASOUND	14,684	21,398	0	14,684	0
55.00	05500	RADIOLOGY-THERAPEUTIC	8,069	56,265	0	8,069	0
56.00	05600	RADIOISOTOPE	11,418	10,205	0	11,418	0
56.01	05601	ONCOLOGY	0	0	0	0	0
57.00	05700	CT SCAN	3,412	18,614	0	3,412	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,786	11,768	0	8,786	0
59.00	05900	CARDIAC CATHETERIZATION	19,262	37,319	0	19,262	0
60.00	06000	LABORATORY	39,356	49	0	39,356	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,910	1,084	0	6,910	0
65.00	06500	RESPIRATORY THERAPY	16,828	12,220	0	16,828	3,939
66.00	06600	PHYSICAL THERAPY	41,812	85,593	0	41,812	8,248
69.00	06900	ELECTROCARDIOLOGY	21,572	46,646	0	21,572	1,405
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,713	6,112	0	2,713	0
75.00	07500	ASC (NON-DIAGNOSTIC PART)	40,451	80,639	0	40,451	0
76.00	03020	CARDIAC REHAB	5,194	1,527	0	5,194	0
76.01	03030	GI LAB	15,103	53,891	0	15,103	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

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

Worksheet B-1

Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description			HEART HOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-M ED CENTER (SQUARE FEET)	HOUSEKEEPING-M OB (SQUARE FEET)	
			7.03	8.00	9.00	9.01	9.02	
76.02	03040	ECT	1,649	4,682	0	1,649	0	76.02
76.03	03050	OP PSYCH	11,587	0	0	11,587	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	18,259	26,160	0	18,259	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	4,172	0	0	4,172	0	90.01
91.00	09100	EMERGENCY	48,935	136,278	0	48,935	269	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	8,696	15,406	0	8,696	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,226,706	2,674,744	371,030	1,202,767	48,818	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,592	0	0	8,592	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	2,339	704	0	2,339	1,750	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	49,860	3,643	0	49,860	90,022	192.00
193.00	19300	NONPAID WORKERS	6,853	0	0	6,853	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	1,665	0	0	1,665	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	97,773	0	0	97,773	104,943	194.03
194.04	07954	SJMH SHARED SERVICES	56,780	0	0	56,780	11,782	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	25,927	0	0	25,927	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	944	0	0	944	196	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	1,119	0	0	1,119	0	194.09
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)	0	5,396,538	10,363,284	8,601,529	1,388,679	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2.014317	27.931121	5.913252	5.392698	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	337,396	722,250	599,468	96,781	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.125937	1.946608	0.412113	0.375832	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet B-1 Date/Time Prepared: 11/16/2016 4:27 pm
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Cost Center Description		HOUSEKEEPING-C ANCER CENTER (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.03	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00590	PURCHASING RECEIVING AND STORES					5.02
5.03	00540	ADMITTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB					9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	75,558				9.03
10.00	01000	DIETARY	1,262	2,543,591			10.00
11.00	01100	CAFETERIA	0	1,214,180	7,717,731		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	107,981	4,057,403	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	217,026	0	14.00
15.00	01500	PHARMACY	800	0	265,447	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	585	0	27,647	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	196,400	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	68,094	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	5,073	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	4,419	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	775,136	1,796,199	1,662,262	30.00
31.00	03100	INTENSIVE CARE UNIT	0	109,716	428,632	412,028	31.00
32.00	03200	CORONARY CARE UNIT	0	35,671	137,879	138,385	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	17,805	68,399	68,615	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	403,015	404,045	35.00
40.00	04000	SUBPROVIDER - IPF	727	97,326	234,286	172,667	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	128,228	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	14,647	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	4,572	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	484,529	361,756	50.00
51.00	05100	RECOVERY ROOM	0	0	61,052	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	324,879	325,915	52.00
53.00	05300	ANESTHESIOLOGY	0	0	28,482	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	584	0	193,271	0	54.00
54.01	05401	ULTRASOUND	0	0	48,563	41,177	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,681	0	59,817	0	55.00
56.00	05600	RADIOISOTOPE	2,183	0	23,051	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	56.01
57.00	05700	CT SCAN	2,923	0	36,739	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	19,329	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	60,851	28,861	59.00
60.00	06000	LABORATORY	137	0	450,751	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	86,952	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	270,818	0	65.00
66.00	06600	PHYSICAL THERAPY	2,322	0	203,955	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	122,501	84,023	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	42,202,020
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	50,414,651
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	15,944	15,944	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	93,021	0	75.00
76.00	03020	CARDIAC REHAB	0	0	29,318	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

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

Worksheet B-1

Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description			HOUSEKEEPING-C ANCER CENTER (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.03	10.00	11.00	13.00	14.00	
76.01	03030	GI LAB	0	0	80,085	0	0	76.01
76.02	03040	ECT	0	0	7,344	0	0	76.02
76.03	03050	OP PSYCH	0	0	28,899	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	16,599	0	177,395	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	377,883	288,786	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	33,720	33,720	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	47,803	2,249,834	7,407,874	4,057,403	92,616,671	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	283,625	21,148	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	3,555	0	33,418	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,453	0	167,706	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	5,207	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	10,132	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	17,951	0	82,378	0	0	194.03
194.04	07954	SJMH SHARED SERVICES	796	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	373,076	15,388,291	7,345,582	8,133,344	8,994,838	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.937611	6.049829	0.951780	2.004569	0.097119	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	26,001	1,596,713	762,189	838,788	1,347,483	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.344120	0.627740	0.098758	0.206730	0.014549	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

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

Worksheet B-1
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 OTHER BUILDING-MOB						1.01
1.02 00102 OTHER BUILDING-CANCER CENTER						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02 00590 PURCHASING RECEIVING AND STORES						5.02
5.03 00540 ADMINITTING						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OTHER BUILDING-MOB						7.01
7.02 00702 OTHER BUILDING-CANCER CENTER						7.02
7.03 00703 HEART HOSPITAL						7.03
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-MED CENTER						9.01
9.02 00902 HOUSEKEEPING-MOB						9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER						9.03
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	10,000					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY		3,308,977,857				16.00
17.00 01700 SOCIAL SERVICE			102,897			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD				212,343		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		7,164,543			212,343	22.00
23.00 02300 PARAMED ED PRGM						23.00
23.01 02301 RADIOLOGY SCHOOL						23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS		273,671,388	48,311	104,182	104,182	30.00
31.00 03100 INTENSIVE CARE UNIT		98,624,415	11,359	13,711	13,711	31.00
32.00 03200 CORONARY CARE UNIT		22,051,269	4,239	32,642	32,642	32.00
33.00 03300 BURN INTENSIVE CARE UNIT		12,084,531	1,796	804	804	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT						34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT		133,581,012	2,819	957	957	35.00
40.00 04000 SUBPROVIDER - IPF		16,014,021	15,644	2,502	2,502	40.00
41.00 04100 SUBPROVIDER - IRF						41.00
42.00 04200 SUBPROVIDER						42.00
43.00 04300 NURSERY		14,486,064	1,921	1,049	1,049	43.00
44.00 04400 SKILLED NURSING FACILITY		2,185,125				44.00
45.00 04500 NURSING FACILITY						45.00
46.00 04600 OTHER LONG TERM CARE		323,272				46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM		172,928,938		21,609	21,609	50.00
51.00 05100 RECOVERY ROOM		24,075,440				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM		83,110,004	2,297	12,640	12,640	52.00
53.00 05300 ANESTHESIOLOGY		72,070,554		507	507	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC		166,545,956		256	256	54.00
54.01 05401 ULTRASOUND		34,284,560				54.01
55.00 05500 RADIOLOGY-THERAPEUTIC		84,423,532				55.00
56.00 05600 RADIOISOTOPE		42,150,723				56.00
56.01 05601 ONCOLOGY						56.01
57.00 05700 CT SCAN		148,894,313				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)		47,880,155				58.00
59.00 05900 CARDIAC CATHETERIZATION		48,379,494	1,044			59.00
60.00 06000 LABORATORY		284,170,911				60.00
60.01 06001 LABORATORY-PATHOLOGICAL						60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		20,373,129				62.00
65.00 06500 RESPIRATORY THERAPY		92,308,668		1,903	1,903	65.00
66.00 06600 PHYSICAL THERAPY		62,051,545		1,009	1,009	66.00
69.00 06900 ELECTROCARDIOLOGY		148,447,491				69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		172,270,561				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT		113,432,965				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	10,000	491,562,755				73.00
74.00 07400 RENAL DIALYSIS		5,681,393	2,088			74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				15.00	16.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	44,997,183	2,777	0	0	75.00
76.00 03020 CARDIAC REHAB	0	2,253,279	0	0	0	76.00
76.01 03030 GI LAB	0	78,071,099	0	1,556	1,556	76.01
76.02 03040 ECT	0	5,143,506	689	0	0	76.02
76.03 03050 OP PSYCH	0	8,614,202	835	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	32,375,416	0	3,641	3,641	90.00
90.01 09001 HYPERBARIC/OP WOUND	0	5,448,581	0	0	0	90.01
91.00 09100 EMERGENCY	0	225,091,739	7,078	5,123	5,123	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 AMBULATORY CARE UNIT	0	11,754,125	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,000	3,308,977,857	102,897	204,091	204,091	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	8,252	8,252	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03 19303 CONVENT	0	0	0	0	0	193.03
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01 07951 HOSPICE	0	0	0	0	0	194.01
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	0	194.03
194.04 07954 SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07 07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 07958 REHAB HOSPITAL	0	0	0	0	0	194.08
194.09 07960 MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	21,972,988	2,697,713	1,524,870	10,251,636	8,836,001	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2,197.298800	0.000815	14.819382	48.278662	41.611925	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,105,916	189,842	147,837	420,958	392,885	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	210.591600	0.000057	1.436747	1.982443	1.850238	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

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

Worksheet B-1
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Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	OTHER BUILDING-MOB		1.01
1.02	00102	OTHER BUILDING-CANCER CENTER		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER		2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00590	PURCHASING RECEIVING AND STORES		5.02
5.03	00540	ADMINISTRATIVE		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OTHER BUILDING-MOB		7.01
7.02	00702	OTHER BUILDING-CANCER CENTER		7.02
7.03	00703	HEART HOSPITAL		7.03
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-MED CENTER		9.01
9.02	00902	HOUSEKEEPING-MOB		9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER		9.03
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED PRGM	100	23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	ULTRASOUND	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05601	ONCOLOGY	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	100	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	CARDIAC REHAB	0	76.00
76.01	03030	GI LAB	0	76.01

COST ALLOCATION - STATISTICAL BASIS

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Period:
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To 06/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PARAMED PRGM (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
			23.00	23.01	
76.02	03040	ECT	0	0	76.02
76.03	03050	OP PSYCH	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	190.02
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	193.01
193.03	19303	CONVENT	0	0	193.03
193.06	19306	VACANT SPACE	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	194.00
194.01	07951	HOSPICE	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	194.09
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)	337,719	240,906	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,377.190000	2,409.060000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	28,777	14,213	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	287.770000	142.130000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/16/2016 4:27 pm		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	118,636,187				30.00
31.00	03100	INTENSIVE CARE UNIT	28,460,852		1,187,662	119,823,849	31.00
32.00	03200	CORONARY CARE UNIT	8,849,067		218,793	28,679,645	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,625,241		0	8,849,067	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	4,625,241	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	30,897,366		0	0	35.00
40.00	04000	SUBPROVIDER - IPF	13,754,007		44,625	30,941,991	40.00
41.00	04100	SUBPROVIDER - IRF	0		106,997	13,861,004	41.00
42.00	04200	SUBPROVIDER	0		0	0	42.00
43.00	04300	NURSERY	8,825,325		0	8,825,325	43.00
44.00	04400	SKILLED NURSING FACILITY	1,710,754		0	1,710,754	44.00
45.00	04500	NURSING FACILITY	0		0	0	45.00
46.00	04600	OTHER LONG TERM CARE	592,414		0	592,414	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	44,631,674		10,092	44,641,766	50.00
51.00	05100	RECOVERY ROOM	3,846,784		0	3,846,784	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,667,108		32,412	26,699,520	52.00
53.00	05300	ANESTHESIOLOGY	3,689,568		0	3,689,568	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,637,591		0	24,637,591	54.00
54.01	05401	ULTRASOUND	5,577,729		281,986	5,859,715	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	11,799,662		0	11,799,662	55.00
56.00	05600	RADIOISOTOPE	3,828,868		0	3,828,868	56.00
56.01	05601	ONCOLOGY	0		0	0	56.01
57.00	05700	CT SCAN	3,476,398		0	3,476,398	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,261,845		0	2,261,845	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,186,829		0	6,186,829	59.00
60.00	06000	LABORATORY	44,385,029		0	44,385,029	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0		0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,826,445		0	7,826,445	62.00
65.00	06500	RESPIRATORY THERAPY	14,960,671	0	96,294	15,056,965	65.00
66.00	06600	PHYSICAL THERAPY	25,974,179	0	0	25,974,179	66.00
69.00	06900	ELECTROCARDIOLOGY	14,634,794		155,650	14,790,444	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	58,136,438		0	58,136,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	69,166,924		0	69,166,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	154,135,352		0	154,135,352	73.00
74.00	07400	RENAL DIALYSIS	1,341,154		0	1,341,154	74.00
75.00	07500	ASC (NON-DISTINCT PART)	13,439,413		0	13,439,413	75.00
76.00	03020	CARDIAC REHAB	1,943,187		0	1,943,187	76.00
76.01	03030	GI LAB	10,501,185		27,493	10,528,678	76.01
76.02	03040	ECT	431,259		0	431,259	76.02
76.03	03050	OP PSYCH	2,613,025		0	2,613,025	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	89.00
90.00	09000	CLINIC	9,099,640		15,139	9,114,779	90.00
90.01	09001	HYPERBARIC/OP WOUND	1,804,179		3,650	1,807,829	90.01
91.00	09100	EMERGENCY	36,155,056		1,192,658	37,347,714	91.00
91.02	09101	NATURAL FAMILY PLANNING	0		0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0		0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,141,716		0	12,141,716	92.00
92.01	09201	AMBULATORY CARE UNIT	2,986,162		0	2,986,162	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0		0	0	95.00
99.10	09910	CORF	0		0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	111.00
200.00		Subtotal (see instructions)	834,631,077	0	3,373,451	838,004,528	200.00
201.00		Less Observation Beds	12,141,716		0	12,141,716	201.00
202.00		Total (see instructions)	822,489,361	0	3,373,451	825,862,812	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/16/2016 4:27 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	233,965,889		233,965,889			30.00
31.00	03100	INTENSIVE CARE UNIT	97,702,827		97,702,827			31.00
32.00	03200	CORONARY CARE UNIT	17,883,752		17,883,752			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	12,005,119		12,005,119			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	133,578,464		133,578,464			35.00
40.00	04000	SUBPROVIDER - I/PF	16,014,021		16,014,021			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	13,611,124		13,611,124			43.00
44.00	04400	SKILLED NURSING FACILITY	2,167,776		2,167,776			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	323,272		323,272			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	79,671,337	93,194,948	172,866,285	0.258186	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,909,988	14,165,453	24,075,441	0.159780	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	77,220,495	5,889,509	83,110,004	0.320865	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	31,153,680	40,916,874	72,070,554	0.051194	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,396,259	138,149,697	166,545,956	0.147933	0.000000	54.00
54.01	05401	ULTRASOUND	5,082,215	29,202,345	34,284,560	0.162689	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,365,523	80,058,009	84,423,532	0.139767	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,245,171	36,905,552	42,150,723	0.090838	0.000000	56.00
56.01	05601	ONCOLOGY	0	0	0	0.000000	0.000000	56.01
57.00	05700	CT SCAN	54,099,754	94,794,042	148,893,796	0.023348	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,468,274	35,411,881	47,880,155	0.047240	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,829,560	27,549,933	48,379,493	0.127881	0.000000	59.00
60.00	06000	LABORATORY	135,611,935	148,558,976	284,170,911	0.156191	0.000000	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	16,331,886	4,041,243	20,373,129	0.384155	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	72,308,976	19,999,692	92,308,668	0.162072	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	21,658,479	36,587,068	58,245,547	0.445943	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	41,278,279	103,968,777	145,247,056	0.100758	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	86,052,044	86,218,517	172,270,561	0.337472	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	73,007,776	40,425,190	113,432,966	0.609760	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	158,710,084	332,852,671	491,562,755	0.313562	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,393,009	288,384	5,681,393	0.236061	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,611,211	42,385,972	44,997,183	0.298672	0.000000	75.00
76.00	03020	CARDIAC REHAB	651,909	1,601,370	2,253,279	0.862382	0.000000	76.00
76.01	03030	GI LAB	5,796,902	72,274,197	78,071,099	0.134508	0.000000	76.01
76.02	03040	ECT	1,268,893	3,874,613	5,143,506	0.083845	0.000000	76.02
76.03	03050	OP PSYCH	0	8,614,202	8,614,202	0.303339	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	97,432	27,464,575	27,562,007	0.330152	0.000000	90.00
90.01	09001	HYPERBARIC/OP WOUND	102,061	4,214,880	4,316,941	0.417930	0.000000	90.01
91.00	09100	EMERGENCY	49,418,156	101,723,108	151,141,264	0.239214	0.000000	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0.000000	0.000000	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0.000000	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	350,000	44,526,108	44,876,108	0.270561	0.000000	92.00
92.01	09201	AMBULATORY CARE UNIT	857,817	10,896,309	11,754,126	0.254052	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	1,527,201,349	1,686,754,095	3,213,955,444			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,527,201,349	1,686,754,095	3,213,955,444			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/16/2016 4:27 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.258244		50.00
51.00	05100 RECOVERY ROOM	0.159780		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.321255		52.00
53.00	05300 ANESTHESIOLOGY	0.051194		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.147933		54.00
54.01	05401 ULTRASOUND	0.170914		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.139767		55.00
56.00	05600 RADIOISOTOPE	0.090838		56.00
56.01	05601 ONCOLOGY	0.000000		56.01
57.00	05700 CT SCAN	0.023348		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.047240		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.127881		59.00
60.00	06000 LABORATORY	0.156191		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.384155		62.00
65.00	06500 RESPIRATORY THERAPY	0.163115		65.00
66.00	06600 PHYSICAL THERAPY	0.445943		66.00
69.00	06900 ELECTROCARDIOLOGY	0.101830		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337472		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.609760		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.313562		73.00
74.00	07400 RENAL DIALYSIS	0.236061		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.298672		75.00
76.00	03020 CARDIAC REHAB	0.862382		76.00
76.01	03030 GI LAB	0.134860		76.01
76.02	03040 ECT	0.083845		76.02
76.03	03050 OP PSYCH	0.303339		76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.330701		90.00
90.01	09001 HYPERBARIC/OP WOUND	0.418775		90.01
91.00	09100 EMERGENCY	0.247105		91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000		91.02
91.03	09102 PAIN THERAPY CENTER	0.000000		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.270561		92.00
92.01	09201 AMBULATORY CARE UNIT	0.254052		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/16/2016 4:27 pm
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		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		118,636,187	1,187,662	119,823,849	30.00
31.00	03100 INTENSIVE CARE UNIT		28,460,852	218,793	28,679,645	31.00
32.00	03200 CORONARY CARE UNIT		8,849,067	0	8,849,067	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		4,625,241	0	4,625,241	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		30,897,366	44,625	30,941,991	35.00
40.00	04000 SUBPROVIDER - IPF		13,754,007	106,997	13,861,004	40.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		8,825,325	0	8,825,325	43.00
44.00	04400 SKILLED NURSING FACILITY		1,710,754	0	1,710,754	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE		592,414	0	592,414	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		44,631,674	10,092	44,641,766	50.00
51.00	05100 RECOVERY ROOM		3,846,784	0	3,846,784	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		26,667,108	32,412	26,699,520	52.00
53.00	05300 ANESTHESIOLOGY		3,689,568	0	3,689,568	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		24,637,591	0	24,637,591	54.00
54.01	05401 ULTRASOUND		5,577,729	281,986	5,859,715	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		11,799,662	0	11,799,662	55.00
56.00	05600 RADIOISOTOPE		3,828,868	0	3,828,868	56.00
56.01	05601 ONCOLOGY		0	0	0	56.01
57.00	05700 CT SCAN		3,476,398	0	3,476,398	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,261,845	0	2,261,845	58.00
59.00	05900 CARDIAC CATHETERIZATION		6,186,829	0	6,186,829	59.00
60.00	06000 LABORATORY		44,385,029	0	44,385,029	60.00
60.01	06001 LABORATORY-PATHOLOGICAL		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		7,826,445	0	7,826,445	62.00
65.00	06500 RESPIRATORY THERAPY	0	14,960,671	96,294	15,056,965	65.00
66.00	06600 PHYSICAL THERAPY	0	25,974,179	0	25,974,179	66.00
69.00	06900 ELECTROCARDIOLOGY		14,634,794	155,650	14,790,444	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		58,136,438	0	58,136,438	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		69,166,924	0	69,166,924	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		154,135,352	0	154,135,352	73.00
74.00	07400 RENAL DIALYSIS		1,341,154	0	1,341,154	74.00
75.00	07500 ASC (NON-DISTINCT PART)		13,439,413	0	13,439,413	75.00
76.00	03020 CARDIAC REHAB		1,943,187	0	1,943,187	76.00
76.01	03030 GI LAB		10,501,185	27,493	10,528,678	76.01
76.02	03040 ECT		431,259	0	431,259	76.02
76.03	03050 OP PSYCH		2,613,025	0	2,613,025	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		9,099,640	15,139	9,114,779	90.00
90.01	09001 HYPERBARIC/OP WOUND		1,804,179	3,650	1,807,829	90.01
91.00	09100 EMERGENCY		36,155,056	1,192,658	37,347,714	91.00
91.02	09101 NATURAL FAMILY PLANNING		0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER		0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		12,141,716	0	12,141,716	92.00
92.01	09201 AMBULATORY CARE UNIT		2,986,162	0	2,986,162	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
99.10	09910 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)	0	834,631,077	3,373,451	838,004,528	200.00
201.00	Less Observation Beds		12,141,716	0	12,141,716	201.00
202.00	Total (see instructions)	0	822,489,361	3,373,451	825,862,812	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/16/2016 4:27 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	233,965,889		233,965,889			30.00
31.00	03100	INTENSIVE CARE UNIT	97,702,827		97,702,827			31.00
32.00	03200	CORONARY CARE UNIT	17,883,752		17,883,752			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	12,005,119		12,005,119			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	133,578,464		133,578,464			35.00
40.00	04000	SUBPROVIDER - I/PF	16,014,021		16,014,021			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	13,611,124		13,611,124			43.00
44.00	04400	SKILLED NURSING FACILITY	2,167,776		2,167,776			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	323,272		323,272			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	79,671,337	93,194,948	172,866,285	0.258186	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,909,988	14,165,453	24,075,441	0.159780	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	77,220,495	5,889,509	83,110,004	0.320865	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	31,153,680	40,916,874	72,070,554	0.051194	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,396,259	138,149,697	166,545,956	0.147933	0.000000	54.00
54.01	05401	ULTRASOUND	5,082,215	29,202,345	34,284,560	0.162689	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,365,523	80,058,009	84,423,532	0.139767	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,245,171	36,905,552	42,150,723	0.090838	0.000000	56.00
56.01	05601	ONCOLOGY	0	0	0	0.000000	0.000000	56.01
57.00	05700	CT SCAN	54,099,754	94,794,042	148,893,796	0.023348	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,468,274	35,411,881	47,880,155	0.047240	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,829,560	27,549,933	48,379,493	0.127881	0.000000	59.00
60.00	06000	LABORATORY	135,611,935	148,558,976	284,170,911	0.156191	0.000000	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	16,331,886	4,041,243	20,373,129	0.384155	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	72,308,976	19,999,692	92,308,668	0.162072	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	21,658,479	36,587,068	58,245,547	0.445943	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	41,278,279	103,968,777	145,247,056	0.100758	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	86,052,044	86,218,517	172,270,561	0.337472	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	73,007,776	40,425,190	113,432,966	0.609760	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	158,710,084	332,852,671	491,562,755	0.313562	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,393,009	288,384	5,681,393	0.236061	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,611,211	42,385,972	44,997,183	0.298672	0.000000	75.00
76.00	03020	CARDIAC REHAB	651,909	1,601,370	2,253,279	0.862382	0.000000	76.00
76.01	03030	GI LAB	5,796,902	72,274,197	78,071,099	0.134508	0.000000	76.01
76.02	03040	ECT	1,268,893	3,874,613	5,143,506	0.083845	0.000000	76.02
76.03	03050	OP PSYCH	0	8,614,202	8,614,202	0.303339	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	97,432	27,464,575	27,562,007	0.330152	0.000000	90.00
90.01	09001	HYPERBARIC/OP WOUND	102,061	4,214,880	4,316,941	0.417930	0.000000	90.01
91.00	09100	EMERGENCY	49,418,156	101,723,108	151,141,264	0.239214	0.000000	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0.000000	0.000000	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0.000000	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	350,000	44,526,108	44,876,108	0.270561	0.000000	92.00
92.01	09201	AMBULATORY CARE UNIT	857,817	10,896,309	11,754,126	0.254052	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	1,527,201,349	1,686,754,095	3,213,955,444			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,527,201,349	1,686,754,095	3,213,955,444			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/16/2016 4:27 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ULTRASOUND	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ONCOLOGY	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 CARDIAC REHAB	0.000000		76.00
76.01	03030 GI LAB	0.000000		76.01
76.02	03040 ECT	0.000000		76.02
76.03	03050 OP PSYCH	0.000000		76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 HYPERBARIC/OP WOUND	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000		91.02
91.03	09102 PAIN THERAPY CENTER	0.000000		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 AMBULATORY CARE UNIT	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 11/16/2016 4:27 pm
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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		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	16,381,623	0	16,381,623	141,933	115.42	30.00	
31.00	INTENSIVE CARE UNIT	3,104,704		3,104,704	17,852	173.91	31.00	
32.00	CORONARY CARE UNIT	1,102,152		1,102,152	5,804	189.90	32.00	
33.00	BURN INTENSIVE CARE UNIT	459,816		459,816	2,897	158.72	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
35.00	NEONATAL INTENSIVE CARE UNIT	3,661,014		3,661,014	29,219	125.30	35.00	
40.00	SUBPROVIDER - IPF	1,149,589	0	1,149,589	15,836	72.59	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	396,279		396,279	18,854	21.02	43.00	
44.00	SKILLED NURSING FACILITY	390,658		390,658	1,654	236.19	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (Lines 30-199)	26,645,835		26,645,835	234,049		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	32,203	3,716,870					30.00
31.00	INTENSIVE CARE UNIT	5,456	948,853					31.00
32.00	CORONARY CARE UNIT	1,995	378,851					32.00
33.00	BURN INTENSIVE CARE UNIT	808	128,246					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
40.00	SUBPROVIDER - IPF	6,965	505,589					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	507	119,748					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (Lines 30-199)	47,934	5,798,157					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/16/2016 4:27 pm	
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	10,559,915	172,866,285	0.061087	21,705,118	1,325,901	50.00
51.00	05100	RECOVERY ROOM	285,003	24,075,441	0.011838	3,208,715	37,985	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,926,225	83,110,004	0.059274	251,450	14,904	52.00
53.00	05300	ANESTHESIOLOGY	884,304	72,070,554	0.012270	6,773,967	83,117	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,467,618	166,545,956	0.032829	8,285,268	271,997	54.00
54.01	05401	ULTRASOUND	1,451,596	34,284,560	0.042340	755,680	31,995	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,459,838	84,423,532	0.029137	1,522,449	44,360	55.00
56.00	05600	RADIOISOTOPE	857,883	42,150,723	0.020353	2,203,774	44,853	56.00
56.01	05601	ONCOLOGY	0	0	0.000000	0	0	56.01
57.00	05700	CT SCAN	763,359	148,893,796	0.005127	16,014,945	82,109	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	738,582	47,880,155	0.015426	3,463,361	53,426	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,523,382	48,379,493	0.031488	7,141,181	224,862	59.00
60.00	06000	LABORATORY	3,584,716	284,170,911	0.012615	38,545,502	486,252	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	449,952	20,373,129	0.022086	5,335,627	117,843	62.00
65.00	06500	RESPIRATORY THERAPY	1,803,585	92,308,668	0.019539	13,699,454	267,674	65.00
66.00	06600	PHYSICAL THERAPY	2,021,103	58,245,547	0.034700	7,346,134	254,911	66.00
69.00	06900	ELECTROCARDIOLOGY	2,746,558	145,247,056	0.018910	20,357,959	384,969	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,280,451	172,270,561	0.013238	29,946,051	396,426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,708,002	113,432,966	0.023873	18,134,104	432,915	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,187,480	491,562,755	0.012587	42,815,742	538,922	73.00
74.00	07400	RENAL DIALYSIS	142,124	5,681,393	0.025016	2,959,049	74,024	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,377,100	44,997,183	0.052828	686,010	36,241	75.00
76.00	03020	CARDIAC REHAB	230,573	2,253,279	0.102328	293,656	30,049	76.00
76.01	03030	GI LAB	2,067,270	78,071,099	0.026479	2,023,262	53,574	76.01
76.02	03040	ECT	53,396	5,143,506	0.010381	0	0	76.02
76.03	03050	OP PSYCH	328,838	8,614,202	0.038174	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	1,069,794	27,562,007	0.038814	57,791	2,243	90.00
90.01	09001	HYPERBARIC/OP WOUND	193,286	4,316,941	0.044774	47,313	2,118	90.01
91.00	09100	EMERGENCY	2,943,476	151,141,264	0.019475	11,413,835	222,284	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0.000000	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0.000000	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,659,943	44,876,108	0.036989	304,374	11,258	92.00
92.01	09201	AMBULATORY CARE UNIT	606,350	11,754,126	0.051586	96,808	4,994	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	63,371,702	2,686,703,200		265,388,579	5,532,206	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part III Date/Time Prepared: 11/16/2016 4:27 pm
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Cost Center Description		Title XVIII				Hospital	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	200.00
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	141,933	0.00	32,203	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,852	0.00	5,456	0	31.00
32.00	03200	CORONARY CARE UNIT	5,804	0.00	1,995	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,897	0.00	808	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	29,219	0.00	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	15,836	0.00	6,965	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	18,854	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,654	0.00	507	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	234,049		47,934	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/16/2016 4:27 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	240,906	0	240,906	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	337,719	0	337,719	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	0	76.00
76.01	03030	GI LAB	0	0	0	0	0	0	76.01
76.02	03040	ECT	0	0	0	0	0	0	76.02
76.03	03050	OP PSYCH	0	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	0	0	0	92.01
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	578,625	0	578,625	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/16/2016 4:27 pm
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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	172,866,285	0.000000	0.000000	21,705,118	50.00
51.00	05100 RECOVERY ROOM	0	24,075,441	0.000000	0.000000	3,208,715	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	83,110,004	0.000000	0.000000	251,450	52.00
53.00	05300 ANESTHESIOLOGY	0	72,070,554	0.000000	0.000000	6,773,967	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	240,906	166,545,956	0.001446	0.001446	8,285,268	54.00
54.01	05401 ULTRASOUND	0	34,284,560	0.000000	0.000000	755,680	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	84,423,532	0.000000	0.000000	1,522,449	55.00
56.00	05600 RADIOISOTOPE	0	42,150,723	0.000000	0.000000	2,203,774	56.00
56.01	05601 ONCOLOGY	0	0	0.000000	0.000000	0	56.01
57.00	05700 CT SCAN	0	148,893,796	0.000000	0.000000	16,014,945	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	47,880,155	0.000000	0.000000	3,463,361	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	48,379,493	0.000000	0.000000	7,141,181	59.00
60.00	06000 LABORATORY	337,719	284,170,911	0.001188	0.001188	38,545,502	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	20,373,129	0.000000	0.000000	5,335,627	62.00
65.00	06500 RESPIRATORY THERAPY	0	92,308,668	0.000000	0.000000	13,699,454	65.00
66.00	06600 PHYSICAL THERAPY	0	58,245,547	0.000000	0.000000	7,346,134	66.00
69.00	06900 ELECTROCARDIOLOGY	0	145,247,056	0.000000	0.000000	20,357,959	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	172,270,561	0.000000	0.000000	29,946,051	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	113,432,966	0.000000	0.000000	18,134,104	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	491,562,755	0.000000	0.000000	42,815,742	73.00
74.00	07400 RENAL DIALYSIS	0	5,681,393	0.000000	0.000000	2,959,049	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	44,997,183	0.000000	0.000000	686,010	75.00
76.00	03020 CARDIAC REHAB	0	2,253,279	0.000000	0.000000	293,656	76.00
76.01	03030 GI LAB	0	78,071,099	0.000000	0.000000	2,023,262	76.01
76.02	03040 ECT	0	5,143,506	0.000000	0.000000	0	76.02
76.03	03050 OP PSYCH	0	8,614,202	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	27,562,007	0.000000	0.000000	57,791	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	4,316,941	0.000000	0.000000	47,313	90.01
91.00	09100 EMERGENCY	0	151,141,264	0.000000	0.000000	11,413,835	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0.000000	0.000000	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0.000000	0.000000	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	44,876,108	0.000000	0.000000	304,374	92.00
92.01	09201 AMBULATORY CARE UNIT	0	11,754,126	0.000000	0.000000	96,808	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	578,625	2,686,703,200			265,388,579	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/16/2016 4:27 pm
Title XVII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	14,267,606	0	50.00
51.00	05100 RECOVERY ROOM	0	3,312,052	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	17,612	0	52.00
53.00	05300 ANESTHESIOLOGY	0	5,844,733	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,980	21,567,256	31,186	54.00
54.01	05401 ULTRASOUND	0	795,027	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	22,996,515	0	55.00
56.00	05600 RADIOISOTOPE	0	10,738,024	0	56.00
56.01	05601 ONCOLOGY	0	0	0	56.01
57.00	05700 CT SCAN	0	19,006,834	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,510,623	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	8,153,085	0	59.00
60.00	06000 LABORATORY	45,792	11,838,676	14,064	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	585,008	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	3,867,358	0	65.00
66.00	06600 PHYSICAL THERAPY	0	629,667	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	25,340,426	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,863,236	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	9,612,943	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	86,349,434	0	73.00
74.00	07400 RENAL DIALYSIS	0	209,696	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	5,581,792	0	75.00
76.00	03020 CARDIAC REHAB	0	534,737	0	76.00
76.01	03030 GI LAB	0	12,607,462	0	76.01
76.02	03040 ECT	0	1,211,651	0	76.02
76.03	03050 OP PSYCH	0	973,551	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	4,385,526	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	1,751,945	0	90.01
91.00	09100 EMERGENCY	0	11,298,687	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,813,168	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	1,102,794	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	57,772	315,767,124	45,250	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/16/2016 4:28 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.258186	14,267,606	8	0	3,683,696	50.00
51.00	05100 RECOVERY ROOM	0.159780	3,312,052	0	0	529,200	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.320865	17,612	0	0	5,651	52.00
53.00	05300 ANESTHESIOLOGY	0.051194	5,844,733	0	0	299,215	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.147933	21,567,256	5,567	0	3,190,509	54.00
54.01	05401 ULTRASOUND	0.162689	795,027	0	0	129,342	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.139767	22,996,515	8	0	3,214,154	55.00
56.00	05600 RADIO SOTOPE	0.090838	10,738,024	2	0	975,421	56.00
56.01	05601 ONCOLOGY	0.000000	0	0	0	0	56.01
57.00	05700 CT SCAN	0.023348	19,006,834	0	0	443,772	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.047240	6,510,623	0	0	307,562	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.127881	8,153,085	7	0	1,042,625	59.00
60.00	06000 LABORATORY	0.156191	11,838,676	14,622	0	1,849,095	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.384155	585,008	0	0	224,734	62.00
65.00	06500 RESPIRATORY THERAPY	0.162072	3,867,358	44	0	626,790	65.00
66.00	06600 PHYSICAL THERAPY	0.445943	629,667	0	0	280,796	66.00
69.00	06900 ELECTROCARDIOLOGY	0.100758	25,340,426	0	0	2,553,251	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337472	16,863,236	135	0	5,690,870	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.609760	9,612,943	14,512	0	5,861,588	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.313562	86,349,434	440	782,451	27,075,901	73.00
74.00	07400 RENAL DIALYSIS	0.236061	209,696	0	0	49,501	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.298672	5,581,792	1	2	1,667,125	75.00
76.00	03020 CARDIAC REHAB	0.862382	534,737	0	0	461,148	76.00
76.01	03030 GI LAB	0.134508	12,607,462	0	0	1,695,804	76.01
76.02	03040 ECT	0.083845	1,211,651	0	0	101,591	76.02
76.03	03050 OP PSYCH	0.303339	973,551	0	0	295,316	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.330152	4,385,526	1,353	0	1,447,890	90.00
90.01	09001 HYPERBARIC/OP WOUND	0.417930	1,751,945	0	165	732,190	90.01
91.00	09100 EMERGENCY	0.239214	11,298,687	90	6	2,702,804	91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0.000000	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.270561	7,813,168	0	0	2,113,939	92.00
92.01	09201 AMBULATORY CARE UNIT	0.254052	1,102,794	0	0	280,167	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000		0			95.00
200.00	Subtotal (see instructions)		315,767,124	36,789	782,624	69,531,647	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		315,767,124	36,789	782,624	69,531,647	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/16/2016 4:28 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	2	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	824	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	1	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ONCOLOGY	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	1	0		59.00
60.00 06000 LABORATORY	2,284	0		60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	7	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	46	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	8,849	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	138	245,347		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	1		75.00
76.00 03020 CARDIAC REHAB	0	0		76.00
76.01 03030 GI LAB	0	0		76.01
76.02 03040 ECT	0	0		76.02
76.03 03050 OP PSYCH	0	0		76.03
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	447	0		90.00
90.01 09001 HYPERBARIC/OP WOUND	0	69		90.01
91.00 09100 EMERGENCY	22	1		91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0		91.02
91.03 09102 PAIN THERAPY CENTER	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 AMBULATORY CARE UNIT	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	12,621	245,418		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	12,621	245,418		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260020 Component CCN: 26S020		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/16/2016 4:27 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,559,915	172,866,285	0.061087	0	0	50.00
51.00	05100	RECOVERY ROOM	285,003	24,075,441	0.011838	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,926,225	83,110,004	0.059274	0	0	52.00
53.00	05300	ANESTHESIOLOGY	884,304	72,070,554	0.012270	127,100	1,560	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,467,618	166,545,956	0.032829	56,075	1,841	54.00
54.01	05401	ULTRASOUND	1,451,596	34,284,560	0.042340	935	40	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,459,838	84,423,532	0.029137	1,059	31	55.00
56.00	05600	RADIOISOTOPE	857,883	42,150,723	0.020353	0	0	56.00
56.01	05601	ONCOLOGY	0	0	0.000000	0	0	56.01
57.00	05700	CT SCAN	763,359	148,893,796	0.005127	194,239	996	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	738,582	47,880,155	0.015426	6,380	98	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,523,382	48,379,493	0.031488	0	0	59.00
60.00	06000	LABORATORY	3,584,716	284,170,911	0.012615	1,235,837	15,590	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	449,952	20,373,129	0.022086	707	16	62.00
65.00	06500	RESPIRATORY THERAPY	1,803,585	92,308,668	0.019539	42,999	840	65.00
66.00	06600	PHYSICAL THERAPY	2,021,103	58,245,547	0.034700	111,209	3,859	66.00
69.00	06900	ELECTROCARDIOLOGY	2,746,558	145,247,056	0.018910	128,985	2,439	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,280,451	172,270,561	0.013238	167,455	2,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,708,002	113,432,966	0.023873	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,187,480	491,562,755	0.012587	1,532,676	19,292	73.00
74.00	07400	RENAL DIALYSIS	142,124	5,681,393	0.025016	58,652	1,467	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,377,100	44,997,183	0.052828	0	0	75.00
76.00	03020	CARDIAC REHAB	230,573	2,253,279	0.102328	140	14	76.00
76.01	03030	GI LAB	2,067,270	78,071,099	0.026479	0	0	76.01
76.02	03040	ECT	53,396	5,143,506	0.010381	502,466	5,216	76.02
76.03	03050	OP PSYCH	328,838	8,614,202	0.038174	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	1,069,794	27,562,007	0.038814	210	8	90.00
90.01	09001	HYPERBARIC/OP WOUND	193,286	4,316,941	0.044774	0	0	90.01
91.00	09100	EMERGENCY	2,943,476	151,141,264	0.019475	1,033,917	20,136	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0.000000	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0.000000	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	44,876,108	0.000000	11,648	0	92.00
92.01	09201	AMBULATORY CARE UNIT	606,350	11,754,126	0.051586	9,516	491	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	61,711,759	2,686,703,200		5,222,205	76,151	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/16/2016 4:28 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	240,906	0	240,906	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ONCOLOGY	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	337,719	0	337,719	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03030 GI LAB	0	0	0	0	0	76.01
76.02	03040 ECT	0	0	0	0	0	76.02
76.03	03050 OP PSYCH	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	578,625	0	578,625	95.00
200.00	Total (lines 50-199)	0	0	578,625	0	578,625	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/16/2016 4:28 pm
	Component CCN: 26S020	Title XVIIII	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	172,866,285	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	24,075,441	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	83,110,004	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	72,070,554	0.000000	0.000000	127,100	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	240,906	166,545,956	0.001446	0.001446	56,075	54.00
54.01	05401 ULTRASOUND	0	34,284,560	0.000000	0.000000	935	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	84,423,532	0.000000	0.000000	1,059	55.00
56.00	05600 RADIOISOTOPE	0	42,150,723	0.000000	0.000000	0	56.00
56.01	05601 ONCOLOGY	0	0	0.000000	0.000000	0	56.01
57.00	05700 CT SCAN	0	148,893,796	0.000000	0.000000	194,239	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	47,880,155	0.000000	0.000000	6,380	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	48,379,493	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	337,719	284,170,911	0.001188	0.001188	1,235,837	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	20,373,129	0.000000	0.000000	707	62.00
65.00	06500 RESPIRATORY THERAPY	0	92,308,668	0.000000	0.000000	42,999	65.00
66.00	06600 PHYSICAL THERAPY	0	58,245,547	0.000000	0.000000	111,209	66.00
69.00	06900 ELECTROCARDIOLOGY	0	145,247,056	0.000000	0.000000	128,985	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	172,270,561	0.000000	0.000000	167,455	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	113,432,966	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	491,562,755	0.000000	0.000000	1,532,676	73.00
74.00	07400 RENAL DIALYSIS	0	5,681,393	0.000000	0.000000	58,652	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	44,997,183	0.000000	0.000000	0	75.00
76.00	03020 CARDIAC REHAB	0	2,253,279	0.000000	0.000000	140	76.00
76.01	03030 GI LAB	0	78,071,099	0.000000	0.000000	0	76.01
76.02	03040 ECT	0	5,143,506	0.000000	0.000000	502,466	76.02
76.03	03050 OP PSYCH	0	8,614,202	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	27,562,007	0.000000	0.000000	210	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	4,316,941	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	151,141,264	0.000000	0.000000	1,033,917	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0.000000	0.000000	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0.000000	0.000000	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	44,876,108	0.000000	0.000000	11,648	92.00
92.01	09201 AMBULATORY CARE UNIT	0	11,754,126	0.000000	0.000000	9,516	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	578,625	2,686,703,200			5,222,205	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/16/2016 4:28 pm
	Component CCN: 26S020	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
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	81	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ONCOLOGY	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	1,468	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 CARDIAC REHAB	0	0	0	76.00
76.01	03030 GI LAB	0	0	0	76.01
76.02	03040 ECT	0	0	0	76.02
76.03	03050 OP PSYCH	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	1,549	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/16/2016 4:28 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	240,906	0	240,906	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ONCOLOGY	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	337,719	0	337,719	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03030 GI LAB	0	0	0	0	0	76.01
76.02	03040 ECT	0	0	0	0	0	76.02
76.03	03050 OP PSYCH	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	578,625	0	578,625	95.00
200.00	Total (lines 50-199)	0	0	578,625	0	578,625	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/16/2016 4:28 pm
Title XVIII		Skilled Nursing Facility	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	172,866,285	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	24,075,441	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	83,110,004	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	72,070,554	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	240,906	166,545,956	0.001446	0.001446	2,797	54.00
54.01	05401 ULTRASOUND	0	34,284,560	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	84,423,532	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	42,150,723	0.000000	0.000000	0	56.00
56.01	05601 ONCOLOGY	0	0	0.000000	0.000000	0	56.01
57.00	05700 CT SCAN	0	148,893,796	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	47,880,155	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	48,379,493	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	337,719	284,170,911	0.001188	0.001188	50,599	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	20,373,129	0.000000	0.000000	281	62.00
65.00	06500 RESPIRATORY THERAPY	0	92,308,668	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	58,245,547	0.000000	0.000000	393,896	66.00
69.00	06900 ELECTROCARDIOLOGY	0	145,247,056	0.000000	0.000000	4,242	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	172,270,561	0.000000	0.000000	4,872	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	113,432,966	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	491,562,755	0.000000	0.000000	150,296	73.00
74.00	07400 RENAL DIALYSIS	0	5,681,393	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	44,997,183	0.000000	0.000000	0	75.00
76.00	03020 CARDIAC REHAB	0	2,253,279	0.000000	0.000000	0	76.00
76.01	03030 GI LAB	0	78,071,099	0.000000	0.000000	0	76.01
76.02	03040 ECT	0	5,143,506	0.000000	0.000000	0	76.02
76.03	03050 OP PSYCH	0	8,614,202	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	27,562,007	0.000000	0.000000	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	4,316,941	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	151,141,264	0.000000	0.000000	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0.000000	0.000000	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0.000000	0.000000	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	44,876,108	0.000000	0.000000	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	11,754,126	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	578,625	2,686,703,200			606,983	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/16/2016 4:28 pm
	Component CCN: 265298	Title XVIII	Skilled Nursing Facility 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
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ONCOLOGY	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	60	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 CARDIAC REHAB	0	0	0	76.00
76.01	03030 GI LAB	0	0	0	76.01
76.02	03040 ECT	0	0	0	76.02
76.03	03050 OP PSYCH	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	64	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/16/2016 4:28 pm
		Title XIX	Hospital	Cost

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	0.258186	0	1,752,659	0	0
51.00 05100 RECOVERY ROOM	0.159780	0	471,335	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.320865	0	144,098	0	0
53.00 05300 ANESTHESIOLOGY	0.051194	0	855,506	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.147933	0	1,936,228	0	0
54.01 05401 ULTRASOUND	0.162689	0	964,533	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.139767	0	1,636,833	0	0
56.00 05600 RADIO SOTOPE	0.090838	0	626,272	0	0
56.01 05601 ONCOLOGY	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.023348	0	2,770,903	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.047240	0	640,996	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.127881	0	670,287	0	0
60.00 06000 LABORATORY	0.156191	0	3,171,411	0	0
60.01 06001 LABORATORY-PATHOLOGICAL	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.384155	0	128,817	0	0
65.00 06500 RESPIRATORY THERAPY	0.162072	0	604,375	0	0
66.00 06600 PHYSICAL THERAPY	0.445943	0	348,349	0	0
69.00 06900 ELECTROCARDIOLOGY	0.100758	0	1,984,417	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337472	0	1,878,636	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.609760	0	835,469	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.313562	0	11,869,549	0	0
74.00 07400 RENAL DIALYSIS	0.236061	0	5,580	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.298672	0	597,364	0	0
76.00 03020 CARDIAC REHAB	0.862382	0	1,407	0	0
76.01 03030 GI LAB	0.134508	0	1,260,688	0	0
76.02 03040 ECT	0.083845	0	176,459	0	0
76.03 03050 OP PSYCH	0.303339	0	41,532	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.330152	0	691,808	0	0
90.01 09001 HYPERBARIC/OP WOUND	0.417930	0	214,318	0	0
91.00 09100 EMERGENCY	0.239214	0	7,286,674	0	0
91.02 09101 NATURAL FAMILY PLANNING	0.000000	0	0	0	0
91.03 09102 PAIN THERAPY CENTER	0.000000	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.270561	0	1,862,690	0	0
92.01 09201 AMBULATORY CARE UNIT	0.254052	0	1,164,255	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0		0
200.00 Subtotal (see instructions)		0	46,593,448	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	46,593,448	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/16/2016 4:28 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	452,512	0		50.00
51.00 05100 RECOVERY ROOM	75,310	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	46,236	0		52.00
53.00 05300 ANESTHESIOLOGY	43,797	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	286,432	0		54.00
54.01 05401 ULTRASOUND	156,919	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	228,775	0		55.00
56.00 05600 RADIO SOTOP	56,889	0		56.00
56.01 05601 ONCOLOGY	0	0		56.01
57.00 05700 CT SCAN	64,695	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	30,281	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	85,717	0		59.00
60.00 06000 LABORATORY	495,346	0		60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	49,486	0		62.00
65.00 06500 RESPIRATORY THERAPY	97,952	0		65.00
66.00 06600 PHYSICAL THERAPY	155,344	0		66.00
69.00 06900 ELECTROCARDIOLOGY	199,946	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	633,987	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	509,436	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,721,840	0		73.00
74.00 07400 RENAL DIALYSIS	1,317	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	178,416	0		75.00
76.00 03020 CARDIAC REHAB	1,213	0		76.00
76.01 03030 GI LAB	169,573	0		76.01
76.02 03040 ECT	14,795	0		76.02
76.03 03050 OP PSYCH	12,598	0		76.03
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	228,402	0		90.00
90.01 09001 HYPERBARIC/OP WOUND	89,570	0		90.01
91.00 09100 EMERGENCY	1,743,074	0		91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0		91.02
91.03 09102 PAIN THERAPY CENTER	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	503,971	0		92.00
92.01 09201 AMBULATORY CARE UNIT	295,781	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	10,629,610	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)	10,629,610	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/16/2016 4:27 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		141,933	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		141,933	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)		127,551	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)		32,203	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)		119,823,849	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)		119,823,849	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)		119,823,849	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)		844.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,186,739	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)		27,186,739	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Date/Time Prepared: 11/16/2016 4:27 pm							
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	28,679,645	17,852	1,606.52	5,456	8,765,173		43.00
44.00 CORONARY CARE UNIT	8,849,067	5,804	1,524.65	1,995	3,041,677		44.00
45.00 BURN INTENSIVE CARE UNIT	4,625,241	2,897	1,596.56	808	1,290,020		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 NEONATAL INTENSIVE CARE UNIT	30,941,991	29,219	1,058.97	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					64,402,367		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					104,685,976		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)					5,172,820		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,589,978		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					10,762,798		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					93,923,178		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)					14,382		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					844.23		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					12,141,716		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/16/2016 4:27 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	16,381,623	119,823,849	0.136714	12,141,716	1,659,943	90.00
91.00	Nursing School cost	0	119,823,849	0.000000	12,141,716	0	91.00
92.00	Allied health cost	0	119,823,849	0.000000	12,141,716	0	92.00
93.00	All other Medical Education	0	119,823,849	0.000000	12,141,716	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/16/2016 4:27 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			15,836 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			15,836 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)			15,836 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			6,965 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)			13,861,004 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)			13,861,004 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)			13,861,004 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)			875.28 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			6,096,325 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			6,096,325 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 26S020				Date/Time Prepared: 11/16/2016 4:27 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,137,306		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,233,631		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)					505,589		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					77,700		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					583,289		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,650,342		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: 260020 Component CCN: 26S020		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/16/2016 4:27 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,149,589	13,861,004	0.082937	0	0	90.00
91.00	Nursing School cost	0	13,861,004	0.000000	0	0	91.00
92.00	Allied health cost	0	13,861,004	0.000000	0	0	92.00
93.00	All other Medical Education	0	13,861,004	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/16/2016 4:28 pm
		Title XVIII	Skilled Nursing Facility	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)		1,654	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,654	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)		1,654	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)		507	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)		1,710,754	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)		1,710,754	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)		1,710,754	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1		
		Component CCN: 265298		Date/Time Prepared: 11/16/2016 4:28 pm		
		Title XVIII	Skilled Nursing Facility	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)					42.00
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	NEONATAL INTENSIVE CARE UNIT					47.00
	Cost Center Description					
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					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)					50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					54.00
55.00	Target amount per discharge					55.00
56.00	Target amount (line 54 x line 55)					56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00	Bonus payment (see instructions)					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					59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					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)					61.00
62.00	Relief payment (see instructions)					62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					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)					64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					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)					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)					68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					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)					1,710,754 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					1,034.31 71.00
72.00	Program routine service cost (line 9 x line 71)					524,395 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					524,395 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)					0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0 80.00
81.00	Inpatient routine service cost per diem limitation					0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)					524,395 83.00
84.00	Program inpatient ancillary services (see instructions)					233,278 84.00
85.00	Utilization review - physician compensation (see instructions)					0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					757,673 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: 260020 Component CCN: 265298		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/16/2016 4:28 pm	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/16/2016 4:28 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		141,933	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		141,933	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)		127,551	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)		7,218	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)		18,854	15.00
16.00	Nursery days (title V or XIX only)		904	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)		118,636,187	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)		118,636,187	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)		118,636,187	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)		835.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,033,237	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,033,237	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/16/2016 4: 28 pm	
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)	8,825,325	18,854	468.09	904	423,153	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	28,460,852	17,852	1,594.27	1,858	2,962,154	43.00
44.00	CORONARY CARE UNIT	8,849,067	5,804	1,524.65	289	440,624	44.00
45.00	BURN INTENSIVE CARE UNIT	4,625,241	2,897	1,596.56	375	598,710	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	30,897,366	29,219	1,057.44	3,233	3,418,704	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,752,971	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,629,553	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					14,382	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					835.86	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,021,339	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/16/2016 4:28 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	16,381,623	118,636,187	0.138083	12,021,339	1,659,943	90.00
91.00	Nursing School cost	0	118,636,187	0.000000	12,021,339	0	91.00
92.00	Allied health cost	0	118,636,187	0.000000	12,021,339	0	92.00
93.00	All other Medical Education	0	118,636,187	0.000000	12,021,339	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/16/2016 4:28 pm
		Title XIX	Subprovider - IPF	Cost
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)			15,836 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			15,836 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)			15,836 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			2,527 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)			18,854 15.00
16.00	Nursery days (title V or XIX only)			904 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)			13,754,007 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)			13,754,007 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)			13,754,007 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)			868.53 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,194,775 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)			2,194,775 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1		
		Component CCN: 26S020				Date/Time Prepared: 11/16/2016 4:28 pm		
		Title XIX		Subprovider - IPF		Cost		
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	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00	
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						391,941		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,586,716		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00 Program routine service cost (line 9 x line 71)								72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00 Program capital-related costs (line 9 x line 76)								77.00
78.00 Inpatient routine service cost (line 74 minus line 77)								78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00 Inpatient routine service cost per diem limitation								81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00 Reasonable inpatient routine service costs (see instructions)								83.00
84.00 Program inpatient ancillary services (see instructions)								84.00
85.00 Utilization review - physician compensation (see instructions)								85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020 Component CCN: 26S020		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/16/2016 4:28 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,149,589	13,754,007	0.083582	0	0	90.00
91.00	Nursing School cost	0	13,754,007	0.000000	0	0	91.00
92.00	Allied health cost	0	13,754,007	0.000000	0	0	92.00
93.00	All other Medical Education	0	13,754,007	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/16/2016 4:28 pm
		Title XIX	Skilled Nursing Facility	Cost
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)		1,654	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,654	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)		1,654	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)		406	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)		18,854	15.00
16.00	Nursery days (title V or XIX only)		904	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)		1,710,754	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)		1,710,754	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)		1,710,754	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020 Component CCN: 265298		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/16/2016 4:28 pm	
		Title XIX		Skilled Nursing Facility		Cost	
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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					1,710,754	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					1,034.31	71.00
72.00	Program routine service cost (line 9 x line 71)					419,930	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					419,930	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					390,658	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					236.19	76.00
77.00	Program capital-related costs (line 9 x line 76)					95,893	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					324,037	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					324,037	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					95,893	83.00
84.00	Program inpatient ancillary services (see instructions)					11,227	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					107,120	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: 260020 Component CCN: 265298		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/16/2016 4:28 pm	
		Title XIX		Skilled Nursing Facility		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/16/2016 4:28 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		62,195,162	30.00
31.00	03100	INTENSIVE CARE UNIT		31,508,262	31.00
32.00	03200	CORONARY CARE UNIT		5,244,637	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		2,952,137	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.258244	21,705,118	5,605,216
51.00	05100	RECOVERY ROOM	0.159780	3,208,715	512,688
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.321255	251,450	80,780
53.00	05300	ANESTHESIOLOGY	0.051194	6,773,967	346,786
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147933	8,285,268	1,225,665
54.01	05401	ULTRASOUND	0.170914	755,680	129,156
55.00	05500	RADIOLOGY-THERAPEUTIC	0.139767	1,522,449	212,788
56.00	05600	RADIOISOTOPE	0.090838	2,203,774	200,186
56.01	05601	ONCOLOGY	0.000000	0	0
57.00	05700	CT SCAN	0.023348	16,014,945	373,917
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.047240	3,463,361	163,609
59.00	05900	CARDIAC CATHETERIZATION	0.127881	7,141,181	913,221
60.00	06000	LABORATORY	0.156191	38,545,502	6,020,461
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.384155	5,335,627	2,049,708
65.00	06500	RESPIRATORY THERAPY	0.163115	13,699,454	2,234,586
66.00	06600	PHYSICAL THERAPY	0.445943	7,346,134	3,275,957
69.00	06900	ELECTROCARDIOLOGY	0.101830	20,357,959	2,073,051
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337472	29,946,051	10,105,954
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.609760	18,134,104	11,057,451
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313562	42,815,742	13,425,390
74.00	07400	RENAL DIALYSIS	0.236061	2,959,049	698,516
75.00	07500	ASC (NON-DISTINCT PART)	0.298672	686,010	204,892
76.00	03020	CARDIAC REHAB	0.862382	293,656	253,244
76.01	03030	GI LAB	0.134860	2,023,262	272,857
76.02	03040	ECT	0.083845	0	0
76.03	03050	OP PSYCH	0.303339	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0
90.00	09000	CLINIC	0.330701	57,791	19,112
90.01	09001	HYPERBARIC/OP WOUND	0.418775	47,313	19,814
91.00	09100	EMERGENCY	0.247105	11,413,835	2,820,416
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.270561	304,374	82,352
92.01	09201	AMBULATORY CARE UNIT	0.254052	96,808	24,594
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		265,388,579	64,402,367
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net Charges (line 200 minus line 201)		265,388,579	64,402,367

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 26S020		Date/Time Prepared: 11/16/2016 4:28 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		7,088,750	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.258244	0	50.00
51.00	05100	RECOVERY ROOM	0.159780	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.321255	0	52.00
53.00	05300	ANESTHESIOLOGY	0.051194	127,100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147933	56,075	54.00
54.01	05401	ULTRASOUND	0.170914	935	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.139767	1,059	55.00
56.00	05600	RADIOISOTOPE	0.090838	0	56.00
56.01	05601	ONCOLOGY	0.000000	0	56.01
57.00	05700	CT SCAN	0.023348	194,239	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.047240	6,380	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.127881	0	59.00
60.00	06000	LABORATORY	0.156191	1,235,837	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.384155	707	62.00
65.00	06500	RESPIRATORY THERAPY	0.163115	42,999	65.00
66.00	06600	PHYSICAL THERAPY	0.445943	111,209	66.00
69.00	06900	ELECTROCARDIOLOGY	0.101830	128,985	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337472	167,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.609760	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313562	1,532,676	73.00
74.00	07400	RENAL DIALYSIS	0.236061	58,652	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.298672	0	75.00
76.00	03020	CARDIAC REHAB	0.862382	140	76.00
76.01	03030	GI LAB	0.134860	0	76.01
76.02	03040	ECT	0.083845	502,466	76.02
76.03	03050	OP PSYCH	0.303339	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.330701	210	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.418775	0	90.01
91.00	09100	EMERGENCY	0.247105	1,033,917	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.270561	11,648	92.00
92.01	09201	AMBULATORY CARE UNIT	0.254052	9,516	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		5,222,205	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)		5,222,205	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 265298		Date/Time Prepared: 11/16/2016 4:28 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.258186	0	50.00
51.00	05100	RECOVERY ROOM	0.159780	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.320865	0	52.00
53.00	05300	ANESTHESIOLOGY	0.051194	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147933	2,797	414 54.00
54.01	05401	ULTRASOUND	0.162689	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.139767	0	55.00
56.00	05600	RADIOISOTOPE	0.090838	0	56.00
56.01	05601	ONCOLOGY	0.000000	0	56.01
57.00	05700	CT SCAN	0.023348	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.047240	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.127881	0	59.00
60.00	06000	LABORATORY	0.156191	50,599	7,903 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.384155	281	108 62.00
65.00	06500	RESPIRATORY THERAPY	0.162072	0	65.00
66.00	06600	PHYSICAL THERAPY	0.445943	393,896	175,655 66.00
69.00	06900	ELECTROCARDIOLOGY	0.100758	4,242	427 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337472	4,872	1,644 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.609760	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313562	150,296	47,127 73.00
74.00	07400	RENAL DIALYSIS	0.236061	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.298672	0	75.00
76.00	03020	CARDIAC REHAB	0.862382	0	76.00
76.01	03030	GI LAB	0.134508	0	76.01
76.02	03040	ECT	0.083845	0	76.02
76.03	03050	OP PSYCH	0.303339	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.330152	0	0 90.00
90.01	09001	HYPERBARIC/OP WOUND	0.417930	0	0 90.01
91.00	09100	EMERGENCY	0.239214	0	0 91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	0 91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.270561	0	0 92.00
92.01	09201	AMBULATORY CARE UNIT	0.254052	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		606,983	233,278 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		606,983	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/16/2016 4:28 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		15,780,000	30.00
31.00	03100	INTENSIVE CARE UNIT		9,004,948	31.00
32.00	03200	CORONARY CARE UNIT		757,637	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		1,154,483	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		16,175,798	35.00
40.00	04000	SUBPROVIDER - I PF		116,438	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.258186	3,421,248	50.00
51.00	05100	RECOVERY ROOM	0.159780	408,009	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.320865	1,793,558	52.00
53.00	05300	ANESTHESIOLOGY	0.051194	1,233,278	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147933	2,043,937	54.00
54.01	05401	ULTRASOUND	0.162689	407,065	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.139767	284,065	55.00
56.00	05600	RADIOISOTOPE	0.090838	257,245	56.00
56.01	05601	ONCOLOGY	0.000000	0	56.01
57.00	05700	CT SCAN	0.023348	3,627,797	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.047240	816,561	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.127881	955,687	59.00
60.00	06000	LABORATORY	0.156191	9,717,861	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.384155	1,436,489	62.00
65.00	06500	RESPIRATORY THERAPY	0.162072	5,596,012	65.00
66.00	06600	PHYSICAL THERAPY	0.445943	1,338,616	66.00
69.00	06900	ELECTROCARDIOLOGY	0.100758	3,010,140	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337472	5,918,404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.609760	2,039,336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313562	13,301,491	73.00
74.00	07400	RENAL DIALYSIS	0.236061	442,738	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.298672	86,419	75.00
76.00	03020	CARDIAC REHAB	0.862382	27,364	76.00
76.01	03030	GI LAB	0.134508	329,053	76.01
76.02	03040	ECT	0.083845	23,633	76.02
76.03	03050	OP PSYCH	0.303339	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.330152	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.417930	0	90.01
91.00	09100	EMERGENCY	0.239214	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.270561	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.254052	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		58,516,006	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)		58,516,006	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 26S020		Date/Time Prepared: 11/16/2016 4:28 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		3,790,858	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.258186	0	50.00
51.00	05100	RECOVERY ROOM	0.159780	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.320865	0	52.00
53.00	05300	ANESTHESIOLOGY	0.051194	31,385	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147933	30,271	54.00
54.01	05401	ULTRASOUND	0.162689	1,504	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.139767	0	55.00
56.00	05600	RADIOISOTOPE	0.090838	0	56.00
56.01	05601	ONCOLOGY	0.000000	0	56.01
57.00	05700	CT SCAN	0.023348	64,171	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.047240	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.127881	0	59.00
60.00	06000	LABORATORY	0.156191	892,411	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.384155	308	62.00
65.00	06500	RESPIRATORY THERAPY	0.162072	10,972	65.00
66.00	06600	PHYSICAL THERAPY	0.445943	13,830	66.00
69.00	06900	ELECTROCARDIOLOGY	0.100758	28,675	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337472	27,668	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.609760	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313562	678,662	73.00
74.00	07400	RENAL DIALYSIS	0.236061	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.298672	0	75.00
76.00	03020	CARDIAC REHAB	0.862382	0	76.00
76.01	03030	GI LAB	0.134508	0	76.01
76.02	03040	ECT	0.083845	136,733	76.02
76.03	03050	OP PSYCH	0.303339	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.330152	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.417930	0	90.01
91.00	09100	EMERGENCY	0.239214	709	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.270561	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.254052	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,917,299	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,917,299	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 265298		Date/Time Prepared: 11/16/2016 4:28 pm	
		Title XIX	Skilled Nursing Facility	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - I PF		0		40.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.258186	0	0	50.00
51.00	05100 RECOVERY ROOM	0.159780	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.320865	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.051194	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.147933	0	0	54.00
54.01	05401 ULTRASOUND	0.162689	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.139767	0	0	55.00
56.00	05600 RADIOISOTOPE	0.090838	0	0	56.00
56.01	05601 ONCOLOGY	0.000000	0	0	56.01
57.00	05700 CT SCAN	0.023348	6	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.047240	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.127881	0	0	59.00
60.00	06000 LABORATORY	0.156191	4,403	688	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.384155	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.162072	8	1	65.00
66.00	06600 PHYSICAL THERAPY	0.445943	130	58	66.00
69.00	06900 ELECTROCARDIOLOGY	0.100758	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337472	29,703	10,024	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.609760	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.313562	849	266	73.00
74.00	07400 RENAL DIALYSIS	0.236061	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.298672	0	0	75.00
76.00	03020 CARDIAC REHAB	0.862382	220	190	76.00
76.01	03030 GI LAB	0.134508	0	0	76.01
76.02	03040 ECT	0.083845	0	0	76.02
76.03	03050 OP PSYCH	0.303339	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.330152	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0.417930	0	0	90.01
91.00	09100 EMERGENCY	0.239214	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.270561	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0.254052	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		35,319	11,227	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		35,319	11,227	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/16/2016 4: 28 pm
		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)		19,848,946	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		57,875,680	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)		5,334,243	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		40,200,118	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		728.70	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)		95.60	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)		10.52	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)		85.08	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		97.50	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.83	11.00
12.00	Current year allowable FTE (see instructions)		87.91	12.00
13.00	Total allowable FTE count for the prior year.		88.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		87.08	14.00
15.00	Sum of lines 12 through 14 divided by 3.		87.66	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		87.66	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.120296	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.126078	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.120296	21.00
22.00	IME payment adjustment (see instructions)		4,940,022	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,555,039	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		12.42	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		4,940,022	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,555,039	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.93	31.00
32.00	Sum of lines 30 and 31		27.61	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.99	33.00
34.00	Disproportionate share adjustment (see instructions)		2,329,796	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/16/2016 4:28 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.001223447	0.001233356	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	9,356,488	7,901,059	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,358,350	5,915,001	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	8,273,351		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)		98,602,038	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)		101,157,077	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		7,406,902	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).		2,484,243	52.00
53.00	Nursing and Allied Health Managed Care payment		34,267	53.00
54.00	Special add-on payments for new technologies		60,682	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).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		57,772	58.00
59.00	Total (sum of amounts on lines 49 through 58)		111,200,943	59.00
60.00	Primary payer payments		204,618	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		110,996,325	61.00
62.00	Deductibles billed to program beneficiaries		7,174,662	62.00
63.00	Coinurance billed to program beneficiaries		452,774	63.00
64.00	Allowable bad debts (see instructions)		1,460,936	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		949,608	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		754,375	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		104,318,497	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		288,963	70.93
70.94	HRR adjustment amount (see instructions)		-455,815	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/16/2016 4:28 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			104,151,645	71.00
71.01	Sequestration adjustment (see instructions)			2,083,033	71.01
72.00	Interim payments			101,016,469	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			1,052,143	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			728,302	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 260020

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/16/2016 4:28 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	19,848,946	0	19,848,946		19,848,946	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	57,875,680	0		57,875,680	57,875,680	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	5,334,243	0	1,658,633	3,675,610	5,334,243	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	40,200,118	0	9,134,782	31,065,335	40,200,117	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.120296	0.120296	0.120296	0.120296		5.00
6.00	IME payment adjustment (see instructions)	22.00	4,940,022	0	1,261,559	3,678,463	4,940,022	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,555,039	0	0	2,555,039	2,555,039	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,940,022	0	1,261,559	3,678,463	4,940,022	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,555,039	0	0	2,555,039	2,555,039	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1199	0.1199	0.1199	0.1199		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,329,796	0	594,972	1,734,824	2,329,796	11.00
11.01	Uncompensated care payments	36.00	8,273,351	0	8,273,351	0	8,273,351	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	98,602,038	0	31,637,461	66,964,577	98,602,038	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	101,157,077	0	31,637,461	69,519,616	101,157,077	15.00
16.00	Payment for inpatient program capital	50.00	7,406,902	0	1,920,719	5,486,183	7,406,902	16.00
17.00	Special add-on payments for new technologies	54.00	60,682	0	15,060	45,622	60,682	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 260020

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/16/2016 4:28 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	33,573,240	75,051,421	108,624,661	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	6,184,649	0	1,577,354	4,607,294	6,184,648	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	559,259	0	174,273	384,986	559,259	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0497	0.0497	0.0497	0.0497		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	307,377	0	78,394	228,983	307,377	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0575	0.0575	0.0575	0.0575		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	355,617	0	90,698	264,919	355,617	25.00
26.00	Total prospective capital payments (see instructions)	12.00	7,406,902	0	1,920,719	5,486,183	7,406,902	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/16/2016 4:28 pm
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		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	19,848,946	19,848,946		19,848,946	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	57,875,680		57,875,680	57,875,680	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	5,334,243	1,658,633	3,675,610	5,334,243	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	40,200,118	9,134,782	31,065,335	40,200,117	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.120296	0.120296	0.120296		5.00	
6.00	IME payment adjustment (see instructions)	22.00	4,940,022	1,261,559	3,678,463	4,940,022	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,555,039	580,588	1,974,451	2,555,039	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,940,022	1,261,559	3,678,463	4,940,022	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,555,039	580,588	1,974,451	2,555,039	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1199	0.1199	0.1199		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	2,329,796	594,972	1,734,824	2,329,796	11.00	
11.01	Uncompensated care payments	36.00	8,273,351	2,358,350	0	2,358,350	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	98,602,038	25,722,460	72,879,578	98,602,038	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	101,157,077	26,303,048	74,854,029	101,157,077	15.00	
16.00	Payment for inpatient program capital	50.00	7,406,902	1,920,719	5,486,183	7,406,902	16.00	
17.00	Special add-on payments for new technologies	54.00	60,682	15,060	45,622	60,682	17.00	
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			28,238,827	80,385,834	108,624,661	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/16/2016 4:28 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	6,184,649	1,577,354	4,607,295	6,184,649	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	559,259	174,273	384,986	559,259	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0497	0.0497	0.0497		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	307,377	78,394	228,983	307,377	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0575	0.0575	0.0575		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	355,617	90,698	264,919	355,617	25.00
26.00	Total prospective capital payments (see instructions)	12.00	7,406,902	1,920,719	5,486,183	7,406,902	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	288,963	52,738	236,225	288,963	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-455,815	-212,544	-243,271	-455,815	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/16/2016 4:28 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		258,039	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		69,486,397	2.00
3.00	PPS payments		60,136,866	3.00
4.00	Outlier payment (see instructions)		176,269	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		45,250	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		258,039	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		819,413	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)		819,413	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)		819,413	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		561,374	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)		258,039	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)		60,358,385	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		6,409	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		11,568,796	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)		49,041,219	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,540,302	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)		50,581,521	30.00
31.00	Primary payer payments		59,082	31.00
32.00	Subtotal (line 30 minus line 31)		50,522,439	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)		869,870	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		565,416	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		343,931	36.00
37.00	Subtotal (see instructions)		51,087,855	37.00
38.00	MSP-LCC reconciliation amount from PS&R		2,013	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)		2,668	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		51,085,842	40.00
40.01	Sequestration adjustment (see instructions)		1,021,717	40.01
41.00	Interim payments		49,501,234	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		562,891	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: 260020		Period: From 07/01/2015 To 06/30/2016		Worksheet E-1 Part I Date/Time Prepared: 11/16/2016 4:27 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		101,016,469		49,501,234	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)		101,016,469		49,501,234	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,052,143		562,891	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		102,068,612		50,064,125	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: 260020 Component CCN: 26S020	Period: From 07/01/2015 To 06/30/2016	Worksheet E-1 Part I Date/Time Prepared: 11/16/2016 4:28 pm		
		Title XVIII	Subprovider - IPF	PPS		
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				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		5,056,876		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)		5,056,876		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		21,851		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,078,727		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: 260020 Component CCN: 265298	Period: From 07/01/2015 To 06/30/2016	Worksheet E-1 Part I Date/Time Prepared: 11/16/2016 4:28 pm PPS	
		Title XVIII	Skilled Nursing Facility		
		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		220,713		0
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		220,713		0
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		17,306		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		238,019		0
			0	Contractor Number	NPR Date (Mo/Day/Yr)
				1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet E-1 Part II Date/Time Prepared: 11/16/2016 4:28 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		39,163	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		40,462	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		21,481	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		183,323	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		3,213,955,444	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		157,623,350	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part II Date/Time Prepared: 11/16/2016 4:28 pm
		Title XVII I	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)			5,759,304 1.00
2.00	Net IPF PPS Outlier Payments			94,640 2.00
3.00	Net IPF PPS ECT Payments			79,103 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)			0.30 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)			0.96 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)			0.30 8.00
9.00	Average Daily Census (see instructions)			43.267760 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.003565 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			20,532 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			5,953,579 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)			5,953,579 16.00
17.00	Primary payer payments			13,210 17.00
18.00	Subtotal (line 16 less line 17).			5,940,369 18.00
19.00	Deductibles			608,071 19.00
20.00	Subtotal (line 18 minus line 19)			5,332,298 20.00
21.00	Coinsurance			151,473 21.00
22.00	Subtotal (line 20 minus line 21)			5,180,825 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			5,180,825 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)			1,549 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			5,182,374 31.00
31.01	Sequestration adjustment (see instructions)			103,647 31.01
32.00	Interim payments			5,056,876 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)			21,851 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			94,640 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: 260020 Component CCN: 265298	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VI Date/Time Prepared: 11/16/2016 4:28 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		237,187	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		64	3.00
4.00	Subtotal (sum of lines 1 through 3)		237,251	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		11,970	7.00
8.00	Allowable bad debts (see instructions)		27,071	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		-2,566	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		17,596	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		242,877	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		242,877	15.00
15.01	Sequestration adjustment (see instructions)		4,858	15.01
16.00	Interim payments		220,713	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		17,306	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/16/2016 4:28 pm	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	27,629,553		1.00	
2.00	Medical and other services		10,629,610	2.00	
3.00	Organ acquisition (certified transplant centers only)	0		3.00	
4.00	Subtotal (sum of lines 1, 2 and 3)	27,629,553	10,629,610	4.00	
5.00	Inpatient primary payer payments	0		5.00	
6.00	Outpatient primary payer payments		0	6.00	
7.00	Subtotal (line 4 less sum of lines 5 and 6)	27,629,553	10,629,610	7.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	42,989,304		8.00	
9.00	Ancillary service charges	58,516,006	46,593,448	9.00	
10.00	Organ acquisition charges, net of revenue	0		10.00	
11.00	Incentive from target amount computation	0		11.00	
12.00	Total reasonable charges (sum of lines 8 through 11)	101,505,310	46,593,448	12.00	
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00	
14.00	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	0	14.00	
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00	
16.00	Total customary charges (see instructions)	101,505,310	46,593,448	16.00	
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	73,875,757	35,963,838	17.00	
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00	
19.00	Interns and Residents (see instructions)	0	0	19.00	
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00	
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	27,629,553	10,629,610	21.00	
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0	22.00	
23.00	Outlier payments	0	0	23.00	
24.00	Program capital payments	0		24.00	
25.00	Capital exception payments (see instructions)	0		25.00	
26.00	Routine and Ancillary service other pass through costs	0	0	26.00	
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00	
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00	
29.00	Titles V or XIX (sum of lines 21 and 27)	27,629,553	10,629,610	29.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0	30.00	
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	27,629,553	10,629,610	31.00	
32.00	Deductibles	0	0	32.00	
33.00	Coinurance	0	0	33.00	
34.00	Allowable bad debts (see instructions)	0	0	34.00	
35.00	Utilization review	0		35.00	
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	27,629,553	10,629,610	36.00	
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00	
38.00	Subtotal (line 36 ± line 37)	27,629,553	10,629,610	38.00	
39.00	Direct graduate medical education payments (from Wkst. E-4)	2,862,903		39.00	
40.00	Total amount payable to the provider (sum of lines 38 and 39)	30,492,456	10,629,610	40.00	
41.00	Interim payments	16,479,468	7,597,711	41.00	
42.00	Balance due provider/program (line 40 minus line 41)	14,012,988	3,031,899	42.00	
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/16/2016 4:28 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	2,586,716		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	2,586,716	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	2,586,716	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	1,917,299	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,917,299	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	1,917,299	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	669,417	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	1,917,299	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	1,917,299	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	669,417	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	1,917,299	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	1,917,299	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	1,917,299	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	1,917,299	0	40.00
41.00	Interim payments	2,799,009	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-881,710	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/16/2016 4:28 pm
		Title XIX	Skilled Nursing Facility	Cost
		Inpatient	Outpatient	
		1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	107,120		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	107,120	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	107,120	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	35,319	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	35,319	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	35,319	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	71,801	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	35,319	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	35,319	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	71,801	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	35,319	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	35,319	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	35,319	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	35,319	0	40.00
41.00	Interim payments	65,825	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-30,506	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4	
		Title XVII	Hospital	Date/Time Prepared: 11/16/2016 4:28 pm	
					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.			99.69	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			11.01	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)			88.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			97.50	6.00
7.00	Enter the lesser of line 5 or line 6			88.68	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.	63.21	28.87	92.08	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.	57.49	26.26	83.75	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.83		10.00
11.00	Total weighted FTE count	57.49	29.09		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.41	27.13		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.38	26.26		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	58.09	27.49		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	58.09	27.49		17.00
18.00	Per resident amount	142,184.00	141,423.00		18.00
19.00	Approved amount for resident costs	8,259,469	3,887,718	12,147,187	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)			8.82	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)			104,266.00	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)			12,147,187	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	47,427	22,831		26.00
27.00	Total Inpatient Days (see instructions)	202,321	202,321		27.00
28.00	Ratio of inpatient days to total inpatient days	0.234415	0.112845		28.00
29.00	Program direct GME amount	2,847,483	1,370,749		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		193,687		30.00
31.00	Net Program direct GME amount			4,024,545	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/16/2016 4:28 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,681,393	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)		112,681,253	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)		217,828	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		112,463,425	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		69,789,686	42.00
43.00	Primary payer payments (see instructions)		59,082	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		69,730,604	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		182,194,029	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.617273	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.382727	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,024,545	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,484,243	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,540,302	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/16/2016 4:28 pm	
		Title XIX	Hospital	Cost	
				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.			99.69	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			11.01	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)			88.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			97.50	6.00
7.00	Enter the lesser of line 5 or line 6			88.68	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.	63.21	28.87	92.08	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.	57.49	26.26	83.75	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.83		10.00
11.00	Total weighted FTE count	57.49	29.09		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.41	27.13		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.38	26.26		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	58.09	27.49		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	58.09	27.49		17.00
18.00	Per resident amount	142,184.00	141,423.00		18.00
19.00	Approved amount for resident costs	8,259,469	3,887,718	12,147,187	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)			8.82	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)			12,147,187	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	16,501	36,314		26.00
27.00	Total Inpatient Days (see instructions)	202,321	202,321		27.00
28.00	Ratio of inpatient days to total inpatient days	0.081559	0.179487		28.00
29.00	Program direct GME amount	990,712	2,180,262		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		308,071		30.00
31.00	Net Program direct GME amount			2,862,903	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/16/2016 4:28 pm
		Title XIX	Hospital	Cost
				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)			0 37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0 38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0 39.00
40.00	Primary payer payments (see instructions)			0 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			0 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			0 42.00
43.00	Primary payer payments (see instructions)			0 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			0 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			0 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.000000 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.000000 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			2,862,903 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0 50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet G Date/Time Prepared: 11/16/2016 4:28 pm		
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	22,252,689	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	325,472,534	0	0	0	4.00
5.00	Other receivable	20,352,108	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-193,374,797	0	0	0	6.00
7.00	Inventory	16,344,658	0	0	0	7.00
8.00	Prepaid expenses	614,179	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)	191,661,371	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,950,344	0	0	0	12.00
13.00	Land improvements	11,619,476	0	0	0	13.00
14.00	Accumulated depreciation	-9,068,057	0	0	0	14.00
15.00	Buildings	790,616,455	0	0	0	15.00
16.00	Accumulated depreciation	-448,988,526	0	0	0	16.00
17.00	Leasehold improvements	14,170,335	0	0	0	17.00
18.00	Accumulated depreciation	-11,004,701	0	0	0	18.00
19.00	Fixed equipment	8,097,428	0	0	0	19.00
20.00	Accumulated depreciation	-5,560,551	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	279,091,379	0	0	0	23.00
24.00	Accumulated depreciation	-214,571,310	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)	421,352,272	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	344,271	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	20,442,773	3,014,174	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	20,787,044	3,014,174	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	633,800,687	3,014,174	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	20,460,334	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,873,430	0	0	0	38.00
39.00	Payroll taxes payable	-602	0	0	0	39.00
40.00	Notes and loans payable (short term)	98,167	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	12,516,550	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	38,947,879	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,320,996	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	6,319,939	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	8,640,935	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	47,588,814	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	586,211,873				52.00
53.00	Specific purpose fund		3,014,174			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)	586,211,873	3,014,174	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	633,800,687	3,014,174	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260020

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

Worksheet G-1

Date/Time Prepared:
11/16/2016 4:28 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		965,869,951		3,159,320		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		184,376,259				2.00
3.00	Total (sum of line 1 and line 2)		1,150,246,210		3,159,320		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	DONATIONS	1,292,158		221,521		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)		1,292,158		221,521		10.00
11.00	Subtotal (line 3 plus line 10)		1,151,538,368		3,380,841		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	INVESTMENT LOSS	0		45,294		0	13.00
14.00	EXPENSES	0		321,373		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00	OTHER FUND BALANCE TRANSFERS	565,326,495		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		565,326,495		366,667		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		586,211,873		3,014,174		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	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00	DONATIONS		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	INVESTMENT LOSS		0				13.00
14.00	EXPENSES		0				14.00
15.00			0				15.00
16.00			0				16.00
17.00	OTHER FUND BALANCE TRANSFERS		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: 260020

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/16/2016 4:27 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	233,965,888		233,965,888	1.00
2.00	SUBPROVIDER - IPF	16,014,021		16,014,021	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	2,167,776		2,167,776	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	323,272		323,272	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	252,470,957		252,470,957	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	97,702,827		97,702,827	11.00
12.00	CORONARY CARE UNIT	17,883,752		17,883,752	12.00
13.00	BURN INTENSIVE CARE UNIT	12,005,119		12,005,119	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	133,578,464		133,578,464	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	261,170,162		261,170,162	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	513,641,119		513,641,119	17.00
18.00	Ancillary services	1,032,865,570		1,032,865,570	18.00
19.00	Outpatient services	0	1,782,296,465	1,782,296,465	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	10,896,309	10,896,309	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,546,506,689	1,793,192,774	3,339,699,463	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		874,865,752		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	ROUNDING	4			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)		4		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	REHAB HOSPITAL JOINT VENTURE	59,657			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)		59,657		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		874,806,099		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet G-3 Date/Time Prepared: 11/16/2016 4:28 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,339,699,463	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,316,269,837	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,023,429,626	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	874,806,099	4.00
5.00	Net income from service to patients (line 3 minus line 4)	148,623,527	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,563,779	6.00
7.00	Income from investments	7,254,720	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	6,917,549	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	13,053	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,891,781	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	425,234	20.00
21.00	Rental of vending machines	278,844	21.00
22.00	Rental of hospital space	1,709	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	16,406,064	24.00
25.00	Total other income (sum of lines 6-24)	35,752,733	25.00
26.00	Total (line 5 plus line 25)	184,376,260	26.00
27.00	ROUNDING	1	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	184,376,259	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260020	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/16/2016 4:28 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,184,649	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		559,259	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)		509.52	3.00
4.00	Number of interns & residents (see instructions)		87.66	4.00
5.00	Indirect medical education percentage (see instructions)		4.97	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)		307,377	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.93	8.00
9.00	Sum of lines 7 and 8		27.61	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.75	10.00
11.00	Disproportionate share adjustment (see instructions)		355,617	11.00
12.00	Total prospective capital payments (see instructions)		7,406,902	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