

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/23/2017 2:51 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: 5/23/2017	Time: 2:51 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 SSM HEALTH ST. MARY'S HOSPITAL - STL (26-0091) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,712,748	14,028	0	0	1.00
2.00 Subprovider - IPF	0	33,334	4,316		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	1,746,082	18,344	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0091		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 2:47 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: MO Zip Code: 63117-		4.00 County: ST. LOUIS				
1.00 Street: 6420 CLAYTON ROAD		2.00 City: ST. LOUIS								
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
1.00 Hospital and Hospital-Based Component Identification:										
3.00 Hospital		SSM HEALTH ST. MARY'S HOSPITAL - STL	260091	41180	1	07/01/1966	N	P	0	3.00
4.00 Subprovider - IPF		SSM HEALTH ST. MARY'S HOSPITAL - PSY	26S091	41180	4	01/01/1984	N	P	0	4.00
5.00 Subprovider - IRF										5.00
6.00 Subprovider - (Other)										6.00
7.00 Swing Beds - SNF										7.00
8.00 Swing Beds - NF										8.00
9.00 Hospital-Based SNF										9.00
10.00 Hospital-Based NF										10.00
11.00 Hospital-Based OLTC										11.00
12.00 Hospital-Based HHA										12.00
13.00 Separately Certified ASC										13.00
14.00 Hospital-Based Hospice										14.00
15.00 Hospital-Based Health Clinic - RHC										15.00
16.00 Hospital-Based Health Clinic - FQHC										16.00
17.00 Hospital-Based (CMHC) I										17.00
18.00 Renal Dialysis		SSM HEALTH ST. MARY'S HOSPITAL ESRD	262320	41180		03/01/1998				18.00
19.00 Other										19.00
		From:		To:						
		1.00		2.00						
20.00 Cost Reporting Period (mm/dd/yyyy)		01/01/2016		12/31/2016		20.00				
21.00 Type of Control (see instructions)		1				21.00				
		Inpatient PPS Information								
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.		Y		N		22.00				
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)		Y		Y		22.01				
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.		N		N		22.02				
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.		N		N		22.03				
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.		3		N		23.00				
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		17,079	4,210	12,277	7,719	31,346	1,504		24.00	
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 2:47 pm			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				1.00	2.00	3.00	4.00
						1.00	2.00
						3.00	4.00
						5.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			Y	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00
						1.00	
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.					N	87.00
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N		94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
					1.00	2.00	3.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	5,336,589		58,470		0	
					1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		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.	Y				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.	03/01/1985				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.	09/01/2000				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.	09/01/2000				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 2:47 pm			
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	269020			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: SSM HEALTH CARE CORPORATION	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 10101 WOODFIELD LANE	PO Box:				142.00	
143.00	City: ST. LOUIS	State: MO	Zip Code: 63132			143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00	
				1.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	Y			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N			165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y			167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		0			168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		9.99			169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 2:47 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/02/2016	12/30/2016	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0091		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 2:47 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					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.	Y					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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/11/2017	Y	04/11/2017		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 2:47 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		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ERIC		LAMOND	41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314)989-3162		ERIC.LAMOND@SSMHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 2:47 pm
		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.	MANAGER, GOVERNMENT 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: 26-0091

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2017 2:47 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	360	131,760	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)		360	131,760	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	57	20,862	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	36	13,176	0.00	0	8.01
8.02 NEONATAL INTENSIVE CARE UNIT	31.02	98	35,868	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		551	201,666	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,836		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		597				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	5,124			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: 26-0091

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2017 2:47 pm

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)	15,246	10,015	72,891			1.00
2.00 HMO and other (see instructions)	12,265	54,183				2.00
3.00 HMO IPF Subprovider	0	410				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,246	10,015	72,891			7.00
8.00 INTENSIVE CARE UNIT	5,312	2,925	19,502			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	21	534	4,349			8.01
8.02 NEONATAL INTENSIVE CARE UNIT	0	4,369	34,551			8.02
9.00 CORONARY CARE UNIT	0	0	0			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		605	6,514			13.00
14.00 Total (see instructions)	20,579	18,448	137,807	190.83	3,347.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	7,588	4,222	15,157	1.05	85.00	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				191.88	3,432.00	27.00
28.00 Observation Bed Days		2,005	9,067			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			2,286			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	1,504	1,706			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: 26-0091

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2017 2:47 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,874	3,422	26,880	1.00
2.00 HMO and other (see instructions)				2,233	7,444		2.00
3.00 HMO IPF Subprovider					98		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
8.01 PEDIATRIC INTENSIVE CARE UNIT							8.01
8.02 NEONATAL INTENSIVE CARE UNIT							8.02
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		3,874	3,422	26,880	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		656	691	2,019	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 26-0091		Period: From 01/01/2016 To 12/31/2016		Worksheet S-3 Part II Date/Time Prepared: 5/23/2017 2:47 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	219,415,669	0	219,415,669	6,569,695.83	33.40	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		344,374	0	344,374	2,200.83	156.47	4.00
4.01	Physicians - Part A - Teaching		845,652	0	845,652	7,780.17	108.69	4.01
5.00	Physician and Non-Physician-Part B		11,086,838	0	11,086,838	100,886.22	109.89	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		6,900,854	0	6,900,854	105,608.83	65.34	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,906,903	1,906,903	67,653.76	28.19	7.00
7.01	Contracted interns and residents (in an approved programs)		12,858,476	0	12,858,476	329,280.96	39.05	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		13,127,143	-342,435	12,784,708	350,972.32	36.43	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		19,493,817	0	19,493,817	442,742.77	44.03	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		458,649	0	458,649	3,101.52	147.88	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		25,871,510	0	25,871,510	764,428.69	33.84	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		29,209,081	0	29,209,081	229,098.96	127.50	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		77,882,656	0	77,882,656			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,813,596	0	4,813,596			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		81,162	0	81,162			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		2,693,192	0	2,693,192			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		794,161	0	794,161			25.00
25.50	Home office wage-related		10,116,582	0	10,116,582			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	302,033	0	302,033	13,151.85	22.97	26.00
27.00	Administrative & General	5.00	18,077,458	-774,258	17,303,200	509,973.16	33.93	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0091

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2017 2:47 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	
28.00	Administrative & General under contract (see inst.)		975,009	0	975,009	7,388.97	131.95	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,052,378	0	3,052,378	95,955.09	31.81	30.00
31.00	Laundry & Linen Service	8.00	251,613	0	251,613	16,451.50	15.29	31.00
32.00	Housekeeping	9.00	4,954,239	0	4,954,239	339,749.45	14.58	32.00
33.00	Housekeeping under contract (see instructions)		403,457	0	403,457	14,960.00	26.97	33.00
34.00	Dietary	10.00	4,158,301	-3,348,533	809,768	32,496.18	24.92	34.00
35.00	Dietary under contract (see instructions)		1,012,952	0	1,012,952	37,560.00	26.97	35.00
36.00	Cafeteria	11.00	0	3,344,798	3,344,798	256,386.00	13.05	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,370,283	0	4,370,283	120,426.45	36.29	38.00
39.00	Central Services and Supply	14.00	516,528	538,053	1,054,581	60,837.67	17.33	39.00
40.00	Pharmacy	15.00	7,230,194	151,412	7,381,606	173,040.51	42.66	40.00
41.00	Medical Records & Medical Records Library	16.00	962,392	0	962,392	48,244.14	19.95	41.00
42.00	Social Service	17.00	1,448,169	56,657	1,504,826	44,020.44	34.18	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0091

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

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2017 2:47 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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	190,115,267	-1,906,903	188,208,364	6,018,394.86	31.27	1.00
2.00	Excluded area salaries (see instructions)	13,127,143	-342,435	12,784,708	350,972.32	36.43	2.00
3.00	Subtotal salaries (line 1 minus line 2)	176,988,124	-1,564,468	175,423,656	5,667,422.54	30.95	3.00
4.00	Subtotal other wages & related costs (see inst.)	45,823,976	0	45,823,976	1,210,272.98	37.86	4.00
5.00	Subtotal wage-related costs (see inst.)	88,080,400	0	88,080,400	0.00	50.21	5.00
6.00	Total (sum of lines 3 thru 5)	310,892,500	-1,564,468	309,328,032	6,877,695.52	44.98	6.00
7.00	Total overhead cost (see instructions)	47,715,006	-31,871	47,683,135	1,770,641.41	26.93	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2017 2:47 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,984,000 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			23,839,793 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)			26,504,612 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			0 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			11,406,257 9.00
10.00	Dental, Hearing and Vision Plan			2,626,525 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			688,329 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)			933,307 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,244,879 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			15,453,057 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			58,764 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			525,243 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			86,264,766 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/23/2017 2:47 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		19,910,891	86,264,766
2.00	Hospital		19,493,817	77,882,655
3.00	Subprovider - IPF		417,074	186,658
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	8,195,453

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 26-0091

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

Worksheet S-5

Date/Time Prepared:
5/23/2017 2:47 pm

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	5	1	6	7	0	7	1.00
2.00	Number of times per week patient receives dialysis	3.00	3.00	3.00	1.00	0.00	12.50	2.00
3.00	Average patient dialysis time including setup	5.50	5.50	0.00	12.50			3.00
4.00	CAPD exchanges per day				12.00		12.00	4.00
5.00	Number of days in year dialysis furnished	366	366					5.00
6.00	Number of stations	4	4	0	1			6.00
7.00	Treatment capacity per day per station	2	2					7.00
8.00	Utilization (see instructions)	70.72	14.14					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00
								Y/N
								1.00
ESRD PPS								
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						Y	10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02
						Prior to 1/1	After 12/31	
						1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)					0	0	10.03
TRANSPLANT INFORMATION								
11.00	Number of patients on transplant list					8		11.00
12.00	Number of patients transplanted during the cost reporting period					8		12.00
EPOETIN								
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00
16.00	Number of EPO units furnished relating to the home dialysis department							16.00
ARANESP								
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00
						MCP	INITIAL METHOD	
						1.00	2.00	
PHYSICIAN PAYMENT METHOD								
21.00	Enter "X" if method(s) is applicable						X	21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.		
		1.00	2.00	3.00	4.00	5.00		
ESAs								
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	PROCRIT 10,000	13,709	0	668	0		22.00
22.01		PROCRIT 10,000	105,506	0	5,848	0		22.01
22.02		PROCRIT 2,000	1,914	0	88	0		22.02
22.03		PROCRIT 2,000	1,946	0	88	0		22.03
22.04		PROCRIT 4,000	2,768	0	128	0		22.04
22.05		PROCRIT 4,000	1,772	0	80	0		22.05

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet S-5 Date/Time Prepared: 5/23/2017 2:47 pm
		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	262320	2,486	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/23/2017 2:47 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)		0.235381	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		218,486,663	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		56,010,363	5.00	
6.00	Medicaid charges		825,747,263	6.00	
7.00	Medicaid cost (line 1 times line 6)		194,365,217	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)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	43,354,294	1,641,802	44,996,096	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	10,204,777	386,449	10,591,226	21.00
22.00	Partial payment by patients approved for charity care	48,568	162,925	211,493	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,156,209	223,524	10,379,733	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)		40,050,481	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,618,158	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		38,432,323	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		9,046,239	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		19,425,972	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		19,425,972	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/23/2017 2:47 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		15,197,581		15,197,581	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		12,388,396		12,388,396	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	302,033	53,226,748		53,528,781	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,077,458	145,334,579	-2,782,349	160,629,688	5.00
7.00	00700	OPERATION OF PLANT	3,052,378	16,216,928		19,269,306	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	251,613	1,707,533		1,959,146	8.00
9.00	00900	HOUSEKEEPING	4,954,239	3,117,001		8,071,240	9.00
10.00	01000	DIETARY	4,158,301	5,850,403	-8,054,401	1,954,303	10.00
11.00	01100	CAFETERIA	0	0	8,050,666	8,050,666	11.00
13.00	01300	NURSING ADMINISTRATION	4,370,283	1,301,557		5,671,840	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	516,528	1,949,127	1,956,861	4,422,516	14.00
15.00	01500	PHARMACY	7,230,194	45,607,480	-38,899,926	13,937,748	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	962,392	628,020		1,590,412	16.00
17.00	01700	SOCIAL SERVICE	1,448,169	314,707		1,841,221	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,906,903	1,906,903	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,859,001	61,492,654	-1,906,903	62,444,752	22.00
23.00	02300	PARAMED ED PRGM	332,306	17,180	349,486	296,742	23.00
23.01	02301	PARAMED ED PRGM-CG	340,269	16,361	356,630	283,700	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,702,993	6,229,667	-8,838,247	41,094,413	30.00
31.00	03100	INTENSIVE CARE UNIT	8,487,234	3,628,231	-1,780,039	10,335,426	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,236,777	1,545,148	-943,889	4,838,036	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	19,318,171	3,474,408	-1,814,000	20,978,579	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	5,213,790	1,426,360	-205,872	6,434,278	40.00
43.00	04300	NURSERY	0	0	1,551,072	1,551,072	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,917,717	23,351,242	-19,059,443	14,209,516	50.00
51.00	05100	RECOVERY ROOM	2,669,096	199,088	-116,736	2,751,448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,568,764	1,096,292	3,331,129	6,996,185	52.00
53.00	05300	ANESTHESIOLOGY	854,555	5,442,377	-1,247,774	5,049,158	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,115,289	3,768,565	-2,229,634	7,654,220	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,893,497	4,120,288	-1,404	6,012,381	55.00
56.00	05600	RADIOISOTOPE	273,579	648,908	-10,108	912,379	56.00
57.00	05700	CT SCAN	1,079,896	709,929	-264,158	1,525,667	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	706,474	297,506	-133,044	870,936	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,607,873	8,865,241	-8,257,826	2,215,288	59.00
60.00	06000	LABORATORY	6,704,586	11,846,833	-167,708	18,383,711	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,801,876	6,007,542	-895,357	7,914,061	62.00
64.00	06400	INTRAVENOUS THERAPY	2,670,614	1,031,379	-432,492	3,269,501	64.00
65.00	06500	RESPIRATORY THERAPY	5,483,433	4,080,289	-872,075	8,691,647	65.00
66.00	06600	PHYSICAL THERAPY	651,053	1,195,532	-9,027	1,837,558	66.00
66.01	06601	CLINICAL NUTRITION	970,643	7,677	-3,568	974,752	66.01
67.00	06700	OCCUPATIONAL THERAPY	444,562	385,574	-16,496	813,640	67.00
68.00	06800	SPEECH PATHOLOGY	715,994	449,033	-192,451	972,576	68.00
69.00	06900	ELECTROCARDIOLOGY	2,526,295	541,109	-68,793	2,998,611	69.00
69.01	06901	CARDIAC REHAB	486,352	11,782	24,422	522,556	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	646,360	385,975	-40,762	991,573	70.00
70.01	03320	ELECTROSHOCK THERAPY	123,693	8,164	-8,164	123,693	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	31,895,004	31,895,004	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	14,754,465	14,754,465	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	39,044,911	39,044,911	73.00
74.00	07400	RENAL DIALYSIS	480,579	1,664,746	-193,971	1,951,354	74.00
76.00	03330	ENDOSCOPY	1,751,044	1,150,028	-763,080	2,137,992	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	15,582,807	5,311,620	-345,505	20,548,922	90.00
91.00	09100	EMERGENCY	12,634,131	3,301,861	-1,646,010	14,289,982	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	254,191	1,036,786	-932,419	358,558	105.00
106.00	10600	HEART ACQUISITION	0	0	399,416	399,416	106.00
107.00	10700	LIVER ACQUISITION	0	0	190,037	190,037	107.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	212,429,082	467,585,435	-76,074	679,938,443	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	74,986	398,057	-732	472,311	190.00
191.00	19100	RESEARCH	111,902	272,801	0	384,703	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	419,992	834,986	-63	1,254,915	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	4,856,401	9,510,889	76,869	14,444,159	194.00
194.01	07951	RURAL HEALTH CLINIC - 5295	864,357	370,515	0	1,234,872	194.01
194.02	07952	RURAL HEALTH CLINIC - 5296	658,949	236,698	0	895,647	194.02
200.00		TOTAL (SUM OF LINES 118-199)	219,415,669	479,209,381	0	698,625,050	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0091

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

Worksheet A
Date/Time Prepared:
5/23/2017 2:47 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	854,176	16,051,757	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	520,455	12,908,851	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,989,574	49,539,207	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-32,127,235	128,502,453	5.00
7.00	00700	OPERATION OF PLANT	-2,277,477	16,991,829	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-77,890	1,881,256	8.00
9.00	00900	HOUSEKEEPING	-28,863	8,042,377	9.00
10.00	01000	DIETARY	-1,064	1,953,239	10.00
11.00	01100	CAFETERIA	-4,138,814	3,911,852	11.00
13.00	01300	NURSING ADMINISTRATION	-13,064	5,658,776	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,422,516	14.00
15.00	01500	PHARMACY	-533	13,937,215	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,685	1,587,727	16.00
17.00	01700	SOCIAL SERVICE	-15,300	1,825,921	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,906,903	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,340,057	60,104,695	22.00
23.00	02300	PARAMED ED PRGM	-144	296,598	23.00
23.01	02301	PARAMED ED PRGM-CG	0	283,700	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-17,849,760	23,244,653	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,406,876	8,928,550	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-5,847	4,832,189	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	-4,131,545	16,847,034	31.02
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	-614,870	5,819,408	40.00
43.00	04300	NURSERY	0	1,551,072	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-744,790	13,464,726	50.00
51.00	05100	RECOVERY ROOM	-1,445	2,750,003	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-4,588,056	2,408,129	52.00
53.00	05300	ANESTHESIOLOGY	-3,809,390	1,239,768	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-240,110	7,414,110	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,550,000	4,462,381	55.00
56.00	05600	RADIOISOTOPE	-443	911,936	56.00
57.00	05700	CT SCAN	-34,678	1,490,989	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-12,137	858,799	58.00
59.00	05900	CARDIAC CATHETERIZATION	-10,756	2,204,532	59.00
60.00	06000	LABORATORY	-2,714,012	15,669,699	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-5,438,986	2,475,075	62.00
64.00	06400	INTRAVENOUS THERAPY	-111,949	3,157,552	64.00
65.00	06500	RESPIRATORY THERAPY	-33,330	8,658,317	65.00
66.00	06600	PHYSICAL THERAPY	-1,172,342	665,216	66.00
66.01	06601	CLINICAL NUTRITION	-44,382	930,370	66.01
67.00	06700	OCCUPATIONAL THERAPY	-363,392	450,248	67.00
68.00	06800	SPEECH PATHOLOGY	-241,429	731,147	68.00
69.00	06900	ELECTROCARDIOLOGY	-248,018	2,750,593	69.00
69.01	06901	CARDIAC REHAB	-15,956	506,600	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-569,940	421,633	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	123,693	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-350,120	31,544,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,754,465	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-5,036,865	34,008,046	73.00
74.00	07400	RENAL DIALYSIS	-2,246	1,949,108	74.00
76.00	03330	ENDOSCOPY	-6,140	2,131,852	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-9,654,841	10,894,081	90.00
91.00	09100	EMERGENCY	-1,211,804	13,078,178	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	1,350	359,908	105.00
106.00	10600	HEART ACQUISITION	0	399,416	106.00
107.00	10700	LIVER ACQUISITION	0	190,037	107.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-105,853,174	574,085,269	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	472,311	190.00
191.00	19100	RESEARCH	0	384,703	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,254,915	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	0	14,444,159	194.00
194.01	07951	RURAL HEALTH CLINIC - 5295	0	1,234,872	194.01
194.02	07952	RURAL HEALTH CLINIC - 5296	0	895,647	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-105,853,174	592,771,876	200.00

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6

Date/Time Prepared:
5/23/2017 2:47 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - CENTRAL SUPPLIES - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,895,004	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
	TOTALS		0	31,895,004	
B - CENTRAL SUPPLIES - IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,754,465	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
	TOTALS		0	14,754,465	
C - PHARMACY DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	39,044,911	1.00
	TOTALS		0	39,044,911	
D - PSYCHIATRIC ADMINISTRATION					
1.00	SOCIAL SERVICE	17.00	56,657	21,688	1.00
2.00	CLINIC	90.00	84,436	34,091	2.00
3.00	EMERGENCY	91.00	169,971	65,065	3.00
	TOTALS		311,064	120,844	
E - DIETARY - CAFETERIA					
1.00	CAFETERIA	11.00	3,344,798	4,705,868	1.00
	TOTALS		3,344,798	4,705,868	
F - RX RESIDENT SALARY - SM					
1.00	PHARMACY	15.00	149,764	13,223	1.00
2.00	PARAMED ED PRGM	23.00	97,020	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		246,784	13,223	
G - RX RESIDENT SALARY - CG					
1.00	PHARMACY	15.00	154,791	0	1.00
2.00	PARAMED ED PRGM-CG	23.01	75,434	6,427	2.00
	TOTALS		230,225	6,427	

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6

Date/Time Prepared:
5/23/2017 2:47 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
H - AP PHYSICIAN COMPENSATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	32,988	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	97,671	2.00	
3.00	OPERATING ROOM	50.00	0	46,685	3.00	
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,907	4.00	
5.00	ANESTHESIOLOGY	53.00	0	74,169	5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,500	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	2,648	7.00	
8.00	LABORATORY	60.00	0	32,213	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	16,983	9.00	
10.00	ELECTROCARDIOLOGY	69.00	0	3,960	10.00	
11.00	CARDIAC REHAB	69.01	0	30,223	11.00	
12.00	ENDOSCOPY	76.00	0	23,946	12.00	
13.00	CLINIC	90.00	0	72,756	13.00	
	TOTALS		0	458,649		
I - FOUNDATION RENTAL						
1.00	NONREIMBURSABLE COST CENTERS	194.00	0	76,869	1.00	
	TOTALS		0	76,869		
J - L&D - NURSERY - OB - NICU						
1.00	NEONATAL INTENSIVE CARE UNIT	31.02	102,563	2,192	1.00	
2.00	NURSERY	43.00	1,440,998	110,074	2.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	2,924,047	88,265	3.00	
	TOTALS		4,467,608	200,531		
K - MATERNAL TRANSPORT						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	374,501	972	1.00	
	TOTALS		374,501	972		
L - NETWORK						
1.00	CENTRAL SERVICES & SUPPLY	14.00	538,053	1,418,808	1.00	
	TOTALS		538,053	1,418,808		
M - SLUHLA BILLINGS						
1.00	LABORATORY	60.00	0	217,800	1.00	
2.00	HEART ACQUISITION	106.00	0	28,494	2.00	
3.00	LIVER ACQUISITION	107.00	0	1,476	3.00	
	TOTALS		0	247,770		
N - TRANSPLANT SALARIES						
1.00	ADULTS & PEDIATRICS	30.00	181,892	0	1.00	
2.00	KIDNEY ACQUISITION	105.00	26,764	0	2.00	
3.00	HEART ACQUISITION	106.00	56,521	0	3.00	
4.00	LIVER ACQUISITION	107.00	21,446	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	
	TOTALS		286,623	0		
O - OTHER TRANSPLANT EXPENSES						
1.00	HEART ACQUISITION	106.00	0	314,401	1.00	
2.00	LIVER ACQUISITION	107.00	0	167,115	2.00	
	TOTALS		0	481,516		
P - INTERNS & RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,906,903	0	1.00	
	TOTALS		1,906,903	0		
500.00	Grand Total: Increases		11,706,559	93,425,857	500.00	

RECLASSIFICATIONS

Provider CCN: 26-0091

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

Worksheet A-6
Date/Time Prepared:
5/23/2017 2:47 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - CENTRAL SUPPLIES - SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	4,008,812	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,775,799	0		2.00
3.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	931,775	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	1,914,966	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	87,345	0		5.00
6.00	OPERATING ROOM	50.00	0	7,884,698	0		6.00
7.00	RECOVERY ROOM	51.00	0	116,736	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	72,563	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	1,317,515	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,968,512	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	9,904	0		11.00
12.00	RADIOISOTOPE	56.00	0	10,108	0		12.00
13.00	CT SCAN	57.00	0	264,158	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	133,044	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	5,227,142	0		15.00
16.00	LABORATORY	60.00	0	412,338	0		16.00
17.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	895,357	0		17.00
18.00	INTRAVENOUS THERAPY	64.00	0	427,043	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	888,784	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	9,027	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	16,496	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	192,451	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	67,828	0		23.00
24.00	CARDIAC REHAB	69.01	0	5,801	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	40,762	0		25.00
26.00	ELECTROSHOCK THERAPY	70.01	0	8,164	0		26.00
27.00	RENAL DIALYSIS	74.00	0	193,971	0		27.00
28.00	ENDOSCOPY	76.00	0	682,331	0		28.00
29.00	CLINIC	90.00	0	454,155	0		29.00
30.00	EMERGENCY	91.00	0	1,877,356	0		30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	63	0		31.00
TOTALS			0	31,895,004			
B - CENTRAL SUPPLIES - IMPLANTABLES							
1.00	ADULTS & PEDIATRICS	30.00	0	63,235	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	4,240	0		2.00
3.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	12,114	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	3,789	0		4.00
5.00	OPERATING ROOM	50.00	0	11,187,317	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	4,428	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	261,122	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	3,033,332	0		8.00
9.00	LABORATORY	60.00	0	5,383	0		9.00
10.00	INTRAVENOUS THERAPY	64.00	0	5,449	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	274	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	4,925	0		12.00
13.00	ENDOSCOPY	76.00	0	104,695	0		13.00
14.00	CLINIC	90.00	0	60,472	0		14.00
15.00	EMERGENCY	91.00	0	3,690	0		15.00
TOTALS			0	14,754,465			
C - PHARMACY DRUGS							
1.00	PHARMACY	15.00	0	39,044,911	0		1.00
TOTALS			0	39,044,911			
D - PSYCHIATRIC ADMINISTRATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	226,628	86,753	0		1.00
2.00	SUBPROVIDER - IPF	40.00	84,436	34,091	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			311,064	120,844			
E - DIETARY - CAFETERIA							
1.00	DIETARY	10.00	3,344,798	4,705,868	0		1.00
TOTALS			3,344,798	4,705,868			
F - RX RESIDENT SALARY - SM							
1.00	PHARMACY	15.00	75,216	13,223	0		1.00
2.00	PARAMED ED PRGM	23.00	149,764	0	0		2.00
3.00	CLINIC	90.00	21,804	0	0		3.00
TOTALS			246,784	13,223			
G - RX RESIDENT SALARY - CG							
1.00	PHARMACY	15.00	75,434	6,427	0		1.00
2.00	PARAMED ED PRGM-CG	23.01	154,791	0	0		2.00
TOTALS			230,225	6,427			

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
H - AP PHYSICIAN COMPENSATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	458,649	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
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
13.00		0.00	0	0	0		13.00
TOTALS			0	458,649			
I - FOUNDATION RENTAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	76,869	0		1.00
TOTALS			0	76,869			
J - L&D - NURSERY - OB - NICU							
1.00	ADULTS & PEDIATRICS	30.00	4,467,608	200,531	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			4,467,608	200,531			
K - MATERNAL TRANSPORT							
1.00	ADULTS & PEDIATRICS	30.00	374,501	972	0		1.00
TOTALS			374,501	972			
L - NETWORK							
1.00	ADMINISTRATIVE & GENERAL	5.00	538,053	1,418,808	0		1.00
TOTALS			538,053	1,418,808			
M - SLUHLA BILLINGS							
1.00	KIDNEY ACQUISITION	105.00	0	247,770	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			0	247,770			
N - TRANSPLANT SALARIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	9,577	0	0		1.00
2.00	DIETARY	10.00	3,735	0	0		2.00
3.00	PHARMACY	15.00	2,493	0	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	2,151	0	0		4.00
5.00	OPERATING ROOM	50.00	34,113	0	0		5.00
6.00	CLINICAL NUTRITION	66.01	3,568	0	0		6.00
7.00	CLINIC	90.00	357	0	0		7.00
8.00	KIDNEY ACQUISITION	105.00	229,897	0	0		8.00
9.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	732	0	0		9.00
TOTALS			286,623	0			
O - OTHER TRANSPLANT EXPENSES							
1.00	KIDNEY ACQUISITION	105.00	0	481,516	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			0	481,516			
P - INTERNS & RESIDENTS							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,906,903	0	0		1.00
TOTALS			1,906,903	0			
500.00	Grand Total: Decreases		11,706,559	93,425,857			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0091

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

Worksheet A-7
Part I
Date/Time Prepared:
5/23/2017 2:47 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	18,198,205	0	0	0	1.00
2.00	Land Improvements	9,616,310	42,224	0	42,224	2.00
3.00	Buildings and Fixtures	410,553,701	10,937,836	0	10,937,836	3.00
4.00	Building Improvements	7,355,634	643,375	0	643,375	4.00
5.00	Fixed Equipment	48,257,712	1,904,860	0	1,904,860	5.00
6.00	Movable Equipment	166,699,689	18,737,602	0	18,737,602	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	660,681,251	32,265,897	0	32,265,897	8.00
9.00	Reconciling Items	-20,249,986	301,569	0	301,569	9.00
10.00	Total (line 8 minus line 9)	680,931,237	31,964,328	0	31,964,328	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	18,198,205	0			1.00
2.00	Land Improvements	9,658,534	0			2.00
3.00	Buildings and Fixtures	421,735,230	0			3.00
4.00	Building Improvements	9,237,030	0			4.00
5.00	Fixed Equipment	51,125,049	0			5.00
6.00	Movable Equipment	192,322,569	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	702,276,617	0			8.00
9.00	Reconciling Items	-27,129,284	0			9.00
10.00	Total (line 8 minus line 9)	729,405,901	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0091

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

Worksheet A-7
Part II
Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	12,933,562	0	2,264,019	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	12,388,396	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	25,321,958	0	2,264,019	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	15,197,581				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	12,388,396				2.00
3.00	Total (sum of lines 1-2)	0	27,585,977				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet A-7 Part III Date/Time Prepared: 5/23/2017 2:47 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	12,933,562	0	12,933,562	0.510765	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	12,388,396	0	12,388,396	0.489235	0	2.00
3.00	Total (sum of lines 1-2)	25,321,958	0	25,321,958	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	13,787,738	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	16,947,340	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	30,735,078	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	2,264,019	0	0	0	16,051,757	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-4,038,489	0	0	0	12,908,851	2.00
3.00	Total (sum of lines 1-2)	-1,774,470	0	0	0	28,960,608	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0091

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

Worksheet A-8

Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	A	-2,264,019	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0	0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0	0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-39,351,530	0		0.00	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-24,067,113	0			0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0	0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0	0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines		0	0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	0 RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	0 PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	0	0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	0	0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	0	0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0	0	0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	0 OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	0	0 ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	0 SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0	0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0091

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

Worksheet A-8

Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center		Line #		
			1.00	2.00	3.00		4.00
33.00	MI SC REVENUE	B	-2,856,788	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	MI SC REVENUE	B	-407,782	OPERATION OF PLANT	7.00	0	33.01
33.02	MI SC REVENUE	B	-77,890	LAUNDRY & LINEN SERVICE	8.00	0	33.02
33.03	MI SC REVENUE	B	-26,563	HOUSEKEEPING	9.00	0	33.03
33.04	MI SC REVENUE	B	-4,138,814	CAFETERIA	11.00	0	33.04
33.05	MI SC REVENUE	B	-620	NURSING ADMINISTRATION	13.00	0	33.05
33.06	MI SC REVENUE	B	-5,036,865	DRUGS CHARGED TO PATIENTS	73.00	0	33.06
33.07	MI SC REVENUE	B	-2,631	MEDICAL RECORDS & LIBRARY	16.00	0	33.07
33.08	MI SC REVENUE	B	-431,676	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.08
33.09	MI SC REVENUE	B	-107,439	ADULTS & PEDIATRICS	30.00	0	33.09
33.10	MI SC REVENUE	B	-13,635	INTENSIVE CARE UNIT	31.00	0	33.10
33.11	MI SC REVENUE	B	217	NEONATAL INTENSIVE CARE UNIT	31.02	0	33.11
33.12	MI SC REVENUE	B	-65,922	OPERATING ROOM	50.00	0	33.12
33.13	MI SC REVENUE	B	-1,445	RECOVERY ROOM	51.00	0	33.13
33.14	MI SC REVENUE	B	-28	DELIVERY ROOM & LABOR ROOM	52.00	0	33.14
33.15	MI SC REVENUE	B	-8,032	ANESTHESIOLOGY	53.00	0	33.15
33.16	MI SC REVENUE	B	-199,184	RADIOLOGY-DIAGNOSTIC	54.00	0	33.16
33.17	MI SC REVENUE	B	-1,138,164	RADIOLOGY-THERAPEUTIC	55.00	0	33.17
33.18	MI SC REVENUE	B	-443	RADIOISOTOPE	56.00	0	33.18
33.19	MI SC REVENUE	B	-34,596	CT SCAN	57.00	0	33.19
33.20	MI SC REVENUE	B	-12,137	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.20
33.21	MI SC REVENUE	B	-8,950	CARDIAC CATHETERIZATION	59.00	0	33.21
33.22	MI SC REVENUE	B	-2,287,502	LABORATORY	60.00	0	33.22
33.23	MI SC REVENUE	B	-5,434,071	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	33.23
33.24	MI SC REVENUE	B	-111,424	INTRAVENOUS THERAPY	64.00	0	33.24
33.25	MI SC REVENUE	B	-7,249	RESPIRATORY THERAPY	65.00	0	33.25
33.26	MI SC REVENUE	B	-567	PHYSICAL THERAPY	66.00	0	33.26
33.27	MI SC REVENUE	B	-44,382	CLINICAL NUTRITION	66.01	0	33.27
33.28	MI SC REVENUE	B	-58	OCCUPATIONAL THERAPY	67.00	0	33.28
33.29	MI SC REVENUE	B	-3,857	SPEECH PATHOLOGY	68.00	0	33.29
33.30	MI SC REVENUE	B	-34,850	ELECTROCARDIOLOGY	69.00	0	33.30
33.31	MI SC REVENUE	B	-1,437	ELECTROENCEPHALOGRAPHY	70.00	0	33.31
33.32	MI SC REVENUE	B	-2,221	RENAL DIALYSIS	74.00	0	33.32
33.33	MI SC REVENUE	B	-3,965	ENDOSCOPY	76.00	0	33.33
33.34	MI SC REVENUE	B	-688,322	CLINIC	90.00	0	33.34
33.35	MI SC REVENUE	B	-24,331	EMERGENCY	91.00	0	33.35
34.00	CARDINAL GLENNON AAA WITH SLUH	A	-1,906,367	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.00
36.00	TV	A	-836	ADULTS & PEDIATRICS	30.00	0	36.00
36.01	TV	A	-5,722	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	36.01
36.02	TV	A	-560	NEONATAL INTENSIVE CARE UNIT	31.02	0	36.02
37.00	PATIENT TELEPHONES	A	-34,671	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00	FRA EXPENSE MCR ADJUSTMENT	A	-5,805,760	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	LOBBYING EXPENSE	A	-66,088	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	PROVIDER BASED PHYSICIAN	A	-1,388,564	CLINIC	90.00	0	40.00
40.01	PROVIDER BASED PHYSICIAN	A	-68,202	EMERGENCY	91.00	0	40.01
41.00	NON MED TRANSPORTATION	A	-18,255	SUBPROVIDER - IPF	40.00	0	41.00
41.01	NON MED TRANSPORTATION	A	-200,360	CLINIC	90.00	0	41.01
42.00	ADVERTISING	A	-38,737	ADMINISTRATIVE & GENERAL	5.00	0	42.00
42.01	ADVERTISING	A	-285	NURSING ADMINISTRATION	13.00	0	42.01
42.02	ADVERTISING	A	-5,607	ADULTS & PEDIATRICS	30.00	0	42.02
42.03	ADVERTISING	A	-600	NEONATAL INTENSIVE CARE UNIT	31.02	0	42.03
42.04	ADVERTISING	A	-26	OPERATING ROOM	50.00	0	42.04
42.05	ADVERTISING	A	-1,030	RADIOLOGY-DIAGNOSTIC	54.00	0	42.05
42.06	ADVERTISING	A	-4,815	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	42.06
42.07	ADVERTISING	A	-884	ELECTROCARDIOLOGY	69.00	0	42.07
42.08	ADVERTISING	A	-45,922	CLINIC	90.00	0	42.08
42.09	ADVERTISING	A	-1,714	EMERGENCY	91.00	0	42.09
43.00	ENTERTAINMENT	A	-45,975	ADMINISTRATIVE & GENERAL	5.00	0	43.00
43.01	ENTERTAINMENT	A	-800	NURSING ADMINISTRATION	13.00	0	43.01
43.02	ENTERTAINMENT	A	-30	INTENSIVE CARE UNIT	31.00	0	43.02
43.03	ENTERTAINMENT	A	-100	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	43.03
43.04	ENTERTAINMENT	A	-180	EMERGENCY	91.00	0	43.04

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
44.00	CONTRIBUTIONS	A	-231,522	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 44.00
44.01	CONTRIBUTIONS	A	-85,386	ADMINISTRATIVE & GENERAL	5.00	0 44.01
44.02	CONTRIBUTIONS	A	-88	OPERATION OF PLANT	7.00	0 44.02
44.03	CONTRIBUTIONS	A	-2,300	HOUSEKEEPING	9.00	0 44.03
44.04	CONTRIBUTIONS	A	-1,064	DIETARY	10.00	0 44.04
44.05	CONTRIBUTIONS	A	-11,359	NURSING ADMINISTRATION	13.00	0 44.05
44.06	CONTRIBUTIONS	A	-533	PHARMACY	15.00	0 44.06
44.07	CONTRIBUTIONS	A	-54	MEDICAL RECORDS & LIBRARY	16.00	0 44.07
44.08	CONTRIBUTIONS	A	-15,300	SOCIAL SERVICE	17.00	0 44.08
44.09	CONTRIBUTIONS	A	-2,014	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 44.09
44.10	CONTRIBUTIONS	A	-144	PARAMEDICAL PRGM	23.00	0 44.10
44.11	CONTRIBUTIONS	A	-33,457	ADULTS & PEDIATRICS	30.00	0 44.11
44.12	CONTRIBUTIONS	A	-140	INTENSIVE CARE UNIT	31.00	0 44.12
44.13	CONTRIBUTIONS	A	-125	PEDIATRIC INTENSIVE CARE UNIT	31.01	0 44.13
44.14	CONTRIBUTIONS	A	-12,172	NEONATAL INTENSIVE CARE UNIT	31.02	0 44.14
44.15	CONTRIBUTIONS	A	-166	DELIVERY ROOM & LABOR ROOM	52.00	0 44.15
44.16	CONTRIBUTIONS	A	-296	ANESTHESIOLOGY	53.00	0 44.16
44.17	CONTRIBUTIONS	A	-3,265	RADIOLOGY-DIAGNOSTIC	54.00	0 44.17
44.18	CONTRIBUTIONS	A	-82	CT SCAN	57.00	0 44.18
44.19	CONTRIBUTIONS	A	-270	CARDIAC CATHETERIZATION	59.00	0 44.19
44.20	CONTRIBUTIONS	A	-525	INTRAVENOUS THERAPY	64.00	0 44.20
44.21	CONTRIBUTIONS	A	-395	RESPIRATORY THERAPY	65.00	0 44.21
44.22	CONTRIBUTIONS	A	-327	ELECTROCARDIOLOGY	69.00	0 44.22
44.23	CONTRIBUTIONS	A	-91	ELECTROENCEPHALOGRAPHY	70.00	0 44.23
44.24	CONTRIBUTIONS	A	-25	RENAL DIALYSIS	74.00	0 44.24
44.25	CONTRIBUTIONS	A	-4,256	CLINIC	90.00	0 44.25
44.26	CONTRIBUTIONS	A	-8,208	EMERGENCY	91.00	0 44.26
44.27	CONTRIBUTIONS	A	-112	KIDNEY ACQUISITION	105.00	0 44.27
45.00	NURSE PRACTITIONER	A	-371,426	ADULTS & PEDIATRICS	30.00	0 45.00
45.01	NURSE PRACTITIONER	A	-3,345,471	NEONATAL INTENSIVE CARE UNIT	31.02	0 45.01
45.02	NURSE PRACTITIONER	A	-667,855	OPERATING ROOM	50.00	0 45.02
45.03	NURSE PRACTITIONER	A	-321,744	DELIVERY ROOM & LABOR ROOM	52.00	0 45.03
45.04	NURSE PRACTITIONER	A	-301,402	RADIOLOGY-THERAPEUTIC	55.00	0 45.04
45.05	NURSE PRACTITIONER	A	-17,433	RESPIRATORY THERAPY	65.00	0 45.05
45.06	NURSE PRACTITIONER	A	-257,443	ELECTROENCEPHALOGRAPHY	70.00	0 45.06
45.07	NURSE PRACTITIONER	A	-580,352	CLINIC	90.00	0 45.07
45.08	NURSE PRACTITIONER	A	-1,039,459	EMERGENCY	91.00	0 45.08
45.09	NURSE PRACTITIONER	A	1,462	KIDNEY ACQUISITION	105.00	0 45.09
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-105,853,174			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: 26-0091

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

Worksheet A-8-1

Date/Time Prepared: 5/23/2017 2:47 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	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	854,176	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	4,558,944	0
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE - INTEREST	0	1,774,470
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	31,380,186	35,138,238
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	50,836,726	73,406,549
4.02	7.00	OPERATION OF PLANT	HOME OFFICE	0	1,869,607
4.03	0.00		0	0	0
4.04	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	-350,120	0
4.05	5.00	ADMINISTRATIVE & GENERAL	NETWORK--CORP 130	21,632,475	20,785,013
4.06	13.00	NURSING ADMINISTRATION	NETWORK--CORP 130	154,439	154,439
4.07	30.00	ADULTS & PEDIATRICS	NETWORK--CORP 130	247,022	251,104
4.08	55.00	RADIOLOGY-THERAPEUTIC	NETWORK--CORP 130	93,248	94,789
4.09	0.00		0	0	0
4.10	0.00		0	0	0
4.11	0.00		0	0	0
4.12	0.00		0	0	0
4.13	0.00		0	0	0
5.00	0		0	109,407,096	133,474,209

* 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	100.00	6.00
7.00	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	100.00	7.00
8.00	G	SSM INFO CENTER	100.00	FRAN SISTERS OF MARY	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	CHURCH				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: 26-0091		Period: From 01/01/2016 To 12/31/2016		Worksheet A-8-2 Date/Time Prepared: 5/23/2017 2:47 pm	
Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours		
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	1,682,836	1,287,491	395,345	174,600	2,518	1.00
2.00	30.00	ADULTS & PEDIATRICS	17,379,293	17,281,621	97,671	174,600	624	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,393,071	1,393,071	0	174,600	0	3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	772,959	772,959	0	165,500	0	4.00
5.00	40.00	SUBPROVIDER - IPF	596,615	596,615	0	176,800	0	5.00
6.00	50.00	OPERATING ROOM	46,685	0	46,685	240,300	309	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	4,282,025	4,266,118	15,907	231,200	159	7.00
8.00	53.00	ANESTHESIOLOGY	3,844,170	3,770,000	74,170	233,500	384	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	36,631	36,631	0	265,200	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	117,393	108,893	8,500	265,200	68	10.00
11.00	59.00	CARDIAC CATHETERIZATION	2,648	0	2,648	192,700	12	11.00
12.00	60.00	LABORATORY	458,723	426,510	32,213	253,900	271	12.00
13.00	65.00	RESPIRATORY THERAPY	16,983	0	16,983	174,600	104	13.00
14.00	66.00	PHYSICAL THERAPY	1,171,775	1,171,775	0	174,600	0	14.00
15.00	67.00	OCCUPATIONAL THERAPY	363,334	363,334	0	174,600	0	15.00
16.00	68.00	SPEECH PATHOLOGY	237,572	237,572	0	174,600	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	215,663	211,703	3,960	192,700	40	17.00
18.00	69.01	CARDIAC REHAB	30,223	0	30,223	192,700	154	18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	310,969	310,969	0	192,700	0	19.00
20.00	76.00	ENDOSCOPY	23,946	0	23,946	192,700	235	20.00
21.00	90.00	CLINIC	6,782,740	6,709,984	72,756	174,600	425	21.00
22.00	91.00	EMERGENCY	69,710	69,710	0	174,600	0	22.00
200.00			39,835,964	39,014,956	821,007		5,303	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	5.00	ADMINISTRATIVE & GENERAL	211,367	10,568	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	52,380	2,619	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	35,698	1,785	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	17,673	884	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	43,108	2,155	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	8,670	434	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	1,112	56	0	0	0	11.00
12.00	60.00	LABORATORY	33,080	1,654	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	8,730	437	0	0	0	13.00
14.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	14.00
15.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	15.00
16.00	68.00	SPEECH PATHOLOGY	0	0	0	0	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	3,706	185	0	0	0	17.00
18.00	69.01	CARDIAC REHAB	14,267	713	0	0	0	18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	19.00
20.00	76.00	ENDOSCOPY	21,771	1,089	0	0	0	20.00
21.00	90.00	CLINIC	35,675	1,784	0	0	0	21.00
22.00	91.00	EMERGENCY	0	0	0	0	0	22.00
200.00			487,237	24,363	0	0	0	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment			
1.00	2.00	15.00	16.00	17.00	18.00			
1.00	5.00	ADMINISTRATIVE & GENERAL	0	211,367	183,978	1,471,469		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	52,380	45,291	17,326,913		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,393,071		3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	772,959		4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	596,615		5.00
6.00	50.00	OPERATING ROOM	0	35,698	10,987	10,987		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	17,673	0	4,266,118		7.00
8.00	53.00	ANESTHESIOLOGY	0	43,108	31,062	3,801,062		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	36,631		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	8,670	0	108,893		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	1,112	1,536	1,536		11.00
12.00	60.00	LABORATORY	0	33,080	0	426,510		12.00
13.00	65.00	RESPIRATORY THERAPY	0	8,730	8,253	8,253		13.00
14.00	66.00	PHYSICAL THERAPY	0	0	0	1,171,775		14.00
15.00	67.00	OCCUPATIONAL THERAPY	0	0	0	363,334		15.00
16.00	68.00	SPEECH PATHOLOGY	0	0	0	237,572		16.00
17.00	69.00	ELECTROCARDIOLOGY	0	3,706	254	211,957		17.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0091

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2017 2:47 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		
18.00	69.01	CARDIAC REHAB	0	14,267	15,956	15,956		18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	310,969		19.00
20.00	76.00	ENDOSCOPY	0	21,771	2,175	2,175		20.00
21.00	90.00	CLINIC	0	35,675	37,081	6,747,065		21.00
22.00	91.00	EMERGENCY	0	0	0	69,710		22.00
200.00			0	487,237	336,573	39,351,530		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/23/2017 2:47 pm		
Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	16,051,757	16,051,757			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	12,908,851		12,908,851		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	49,539,207	59,402	0	49,598,609	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	128,502,453	3,530,449	727,288	4,259,280	137,019,470
7.00 00700	OPERATION OF PLANT	16,991,829	2,464,722	789,687	754,014	21,000,252
8.00 00800	LAUNDRY & LINEN SERVICE	1,881,256	42,087	0	62,155	1,985,498
9.00 00900	HOUSEKEEPING	8,042,377	114,480	38,298	1,223,821	9,418,976
10.00 01000	DIETARY	1,953,239	225,211	33,943	200,033	2,412,426
11.00 01100	CAFETERIA	3,911,852	66,774	139,559	826,249	4,944,434
13.00 01300	NURSING ADMINISTRATION	5,658,776	17,294	479,310	1,079,569	7,234,949
14.00 01400	CENTRAL SERVICES & SUPPLY	4,422,516	372,207	263,014	260,508	5,318,245
15.00 01500	PHARMACY	13,937,215	75,994	10,176	1,823,441	15,846,826
16.00 01600	MEDICAL RECORDS & LIBRARY	1,587,727	155,314	4,252	237,735	1,985,028
17.00 01700	SOCIAL SERVICE	1,825,921	0	0	371,730	2,197,651
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,906,903	0	0	471,053	2,377,956
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	60,104,695	433,596	9,928	235,192	60,783,411
23.00 02300	PARAMED PRGM	296,598	2,815	0	69,059	368,472
23.01 02301	PARAMED PRGM-CG	283,700	2,666	0	64,452	350,818
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	23,244,653	2,783,008	680,291	9,295,130	36,003,082
31.00 03100	INTENSIVE CARE UNIT	8,928,550	246,435	136,378	2,096,559	11,407,922
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	4,832,189	338,172	327,029	1,046,590	6,543,980
31.02 02060	NEONATAL INTENSIVE CARE UNIT	16,847,034	71,459	345,570	3,970,360	21,234,423
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	5,819,408	206,462	22,104	1,250,390	7,298,364
43.00 04300	NURSERY	1,551,072	17,007	48,744	355,963	1,972,786
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,464,726	809,882	1,413,763	2,276,587	17,964,958
51.00 05100	RECOVERY ROOM	2,750,003	170,823	8,026	659,333	3,588,185
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,408,129	84,270	375,806	523,769	3,391,974
53.00 05300	ANESTHESIOLOGY	1,239,768	40,122	251,219	211,096	1,742,205
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,414,110	404,872	1,437,976	1,510,629	10,767,587
55.00 05500	RADIOLOGY-THERAPEUTIC	4,462,381	48,078	202,884	366,388	5,079,731
56.00 05600	RADIOISOTOPE	911,936	51,127	196,067	67,581	1,226,711
57.00 05700	CT SCAN	1,490,989	14,797	205,484	266,761	1,978,031
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	858,799	38,273	1,231,065	174,517	2,302,654
59.00 05900	CARDIAC CATHETERIZATION	2,204,532	107,214	1,132,873	397,185	3,841,804
60.00 06000	LABORATORY	15,669,699	380,918	242,842	1,656,196	17,949,655
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,475,075	24,730	130,525	692,133	3,322,463
64.00 06400	INTRAVENOUS THERAPY	3,157,552	113,280	70,047	659,708	4,000,587
65.00 06500	RESPIRATORY THERAPY	8,658,317	31,687	386,457	1,350,239	10,426,700
66.00 06600	PHYSICAL THERAPY	665,216	69,865	3,424	160,826	899,331
66.01 06601	CLINICAL NUTRITION	930,370	4,440	17	238,892	1,173,719
67.00 06700	OCCUPATIONAL THERAPY	450,248	0	553	109,818	560,619
68.00 06800	SPEECH PATHOLOGY	731,147	35,873	20,377	176,868	964,265
69.00 06900	ELECTROCARDIOLOGY	2,750,593	100,363	499,349	624,058	3,974,363
69.01 06901	CARDIAC REHAB	506,600	53,443	3,076	120,141	683,260
70.00 07000	ELECTROENCEPHALOGRAPHY	421,633	19,546	35,569	90,435	567,183
70.01 03320	ELECTROSHOCK THERAPY	123,693	36,468	0	30,555	190,716
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,544,884	0	0	0	31,544,884
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	14,754,465	0	0	0	14,754,465
73.00 07300	DRUGS CHARGED TO PATIENTS	34,008,046	0	0	0	34,008,046
74.00 07400	RENAL DIALYSIS	1,949,108	11,260	6,882	118,715	2,085,965
76.00 03330	ENDOSCOPY	2,131,852	133,888	269,607	432,552	2,967,899
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	10,894,081	950,165	142,101	2,134,176	14,120,523
91.00 09100	EMERGENCY	13,078,178	407,846	370,278	2,906,161	16,762,463
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	359,908	818	2,628	12,974	376,328
106.00 10600	HEART ACQUISITION	399,416	818	0	13,962	414,196
107.00 10700	LIVER ACQUISITION	190,037	818	0	5,298	196,153
118.00	SUBTOTALS (SUM OF LINES 1-117)	574,085,269	15,371,238	12,694,466	47,940,836	571,532,592
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	472,311	33,557	3,184	18,343	527,395
191.00 19100	RESEARCH	384,703	1,434	10,521	27,643	424,301
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,254,915	580,464	68,046	103,749	2,007,174
194.00 07950	NONREIMBURSABLE COST CENTERS	14,444,159	65,064	126,078	1,131,743	15,767,044

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.01 07951 RURAL HEALTH CLINIC - 5295	1,234,872	0	4,026	213,518	1,452,416	194.01
194.02 07952 RURAL HEALTH CLINIC - 5296	895,647	0	2,530	162,777	1,060,954	194.02
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	592,771,876	16,051,757	12,908,851	49,598,609	592,771,876	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/23/2017 2:47 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	137,019,470				5.00
7.00	00700	OPERATION OF PLANT	6,313,621	27,313,873			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	596,930	114,988	2,697,416		8.00
9.00	00900	HOUSEKEEPING	2,831,768	312,778	0	12,563,522	9.00
10.00	01000	DIETARY	725,284	615,312	0	287,527	4,040,549
11.00	01100	CAFETERIA	1,486,519	182,437	0	85,250	0
13.00	01300	NURSING ADMINISTRATION	2,175,151	47,249	0	22,079	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,598,904	1,016,929	0	475,197	0
15.00	01500	PHARMACY	4,764,269	207,629	0	97,022	0
16.00	01600	MEDICAL RECORDS & LIBRARY	596,789	424,342	0	198,289	0
17.00	01700	SOCIAL SERVICE	660,713	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	714,921	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	18,274,014	1,184,651	0	553,572	0
23.00	02300	PARAMED ED PRGM	110,779	7,691	0	3,594	0
23.01	02301	PARAMED ED PRGM-CG	105,472	7,285	0	3,404	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,824,147	7,603,612	1,072,994	3,553,070	1,904,181
31.00	03100	INTENSIVE CARE UNIT	3,429,735	673,299	81,824	314,624	509,465
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,967,415	923,940	44,698	431,745	113,608
31.02	02060	NEONATAL INTENSIVE CARE UNIT	6,384,023	195,236	159,480	91,231	902,597
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	2,194,217	564,086	223,910	263,590	395,955
43.00	04300	NURSERY	593,108	46,465	11,166	21,713	170,173
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,401,075	2,212,724	157,305	1,033,977	0
51.00	05100	RECOVERY ROOM	1,078,770	466,715	67,960	218,090	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,019,780	230,238	89,755	107,587	44,570
53.00	05300	ANESTHESIOLOGY	523,785	109,619	0	51,223	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,237,221	1,106,174	117,858	516,900	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,527,196	131,357	20,795	61,381	0
56.00	05600	RADIOISOTOPE	368,805	139,687	0	65,274	0
57.00	05700	CT SCAN	594,685	40,429	0	18,892	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	692,281	104,569	0	48,864	0
59.00	05900	CARDIAC CATHETERIZATION	1,155,019	292,927	17,998	136,881	0
60.00	06000	LABORATORY	5,396,474	1,040,727	0	486,318	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	998,882	67,565	0	31,572	0
64.00	06400	INTRAVENOUS THERAPY	1,202,756	309,499	18,833	144,625	0
65.00	06500	RESPIRATORY THERAPY	3,134,735	86,575	19,639	40,455	0
66.00	06600	PHYSICAL THERAPY	270,379	190,883	5,965	89,197	0
66.01	06601	CLINICAL NUTRITION	352,873	12,132	0	5,669	0
67.00	06700	OCCUPATIONAL THERAPY	168,547	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	289,901	98,010	0	45,799	0
69.00	06900	ELECTROCARDIOLOGY	1,194,872	274,207	31,391	128,133	0
69.01	06901	CARDIAC REHAB	205,419	146,014	0	68,230	0
70.00	07000	ELECTROENCEPHALOGRAPHY	170,521	53,402	8,081	24,954	0
70.01	03320	ELECTROSHOCK THERAPY	57,338	99,635	0	46,558	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,483,812	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,435,856	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	10,224,349	0	0	0	0
74.00	07400	RENAL DIALYSIS	627,135	30,764	0	14,376	0
76.00	03330	ENDOSCOPY	892,284	365,803	22,141	170,935	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,245,265	2,595,999	233,302	1,213,076	0
91.00	09100	EMERGENCY	5,039,551	1,114,300	292,321	520,698	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	113,141	2,235	0	1,044	0
106.00	10600	HEART ACQUISITION	124,526	2,235	0	1,044	0
107.00	10700	LIVER ACQUISITION	58,972	2,235	0	1,044	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	130,633,984	25,454,588	2,697,416	11,694,703	4,040,549
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	158,559	91,683	0	42,842	0
191.00	19100	RESEARCH	127,564	3,918	0	1,831	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	603,447	1,585,920	0	741,079	0
194.00	07950	NONREIMBURSABLE COST CENTERS	4,740,283	177,764	0	83,067	0
194.01	07951	RURAL HEALTH CLINIC - 5295	436,662	0	0	0	0
194.02	07952	RURAL HEALTH CLINIC - 5296	318,971	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	137,019,470	27,313,873	2,697,416	12,563,522	4,040,549

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0091		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/23/2017 2:47 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	6,698,640					11.00
13.00	01300	NURSING ADMINISTRATION	154,436	9,633,864				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	79,976	0	8,489,251			14.00
15.00	01500	PHARMACY	223,380	5,993	58,790	21,203,909		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	63,429	0	16	0	3,267,893	16.00
17.00	01700	SOCIAL SERVICE	57,913	0	0	3,314	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	91,007	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	85	0	0	22.00
23.00	02300	PARAMED ED PRGM	8,273	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CG	8,273	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,411,981	3,204,087	0	8,657	351,086	30.00
31.00	03100	INTENSIVE CARE UNIT	303,355	712,398	0	151	81,496	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	162,709	333,839	0	742	48,108	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	623,258	1,281,705	0	2,063	250,589	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	209,591	330,719	0	0	42,215	40.00
43.00	04300	NURSERY	57,913	113,827	0	0	13,802	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	366,784	534,207	0	1,478	233,829	50.00
51.00	05100	RECOVERY ROOM	82,733	194,027	0	0	38,719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	187,529	332,865	0	11	67,706	52.00
53.00	05300	ANESTHESIOLOGY	33,093	73,514	0	2,525	76,807	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	237,169	91,127	0	411	150,649	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44,124	19,687	0	0	68,723	55.00
56.00	05600	RADIOISOTOPE	8,273	0	0	0	8,995	56.00
57.00	05700	CT SCAN	38,609	208	0	0	130,252	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,304	7	0	3	56,447	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,882	88,062	0	877	72,706	59.00
60.00	06000	LABORATORY	292,324	4,848	0	366	375,294	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	99,280	25,601	0	58	38,060	62.00
64.00	06400	INTRAVENOUS THERAPY	77,218	189,077	0	352	22,788	64.00
65.00	06500	RESPIRATORY THERAPY	220,622	10,910	0	1,168	128,058	65.00
66.00	06600	PHYSICAL THERAPY	16,547	0	0	8,512	18,407	66.00
66.01	06601	CLINICAL NUTRITION	46,882	0	0	0	640	66.01
67.00	06700	OCCUPATIONAL THERAPY	16,547	0	0	0	10,322	67.00
68.00	06800	SPEECH PATHOLOGY	27,578	1,264	0	0	12,102	68.00
69.00	06900	ELECTROCARDIOLOGY	110,311	31,201	0	0	87,666	69.00
69.01	06901	CARDIAC REHAB	16,547	36,056	0	0	1,432	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	22,062	0	0	0	7,796	70.00
70.01	03320	ELECTROSHOCK THERAPY	2,758	8,036	0	0	1,043	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	5,761,100	0	78,579	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	2,665,055	0	42,949	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,013,065	405,497	73.00
74.00	07400	RENAL DIALYSIS	16,547	39,979	0	121,374	16,313	74.00
76.00	03330	ENDOSCOPY	63,429	102,771	0	4	39,055	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	239,927	765,637	0	184,495	68,635	90.00
91.00	09100	EMERGENCY	504,673	847,303	0	11	219,655	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,758	3,840	0	0	602	105.00
106.00	10600	HEART ACQUISITION	2,758	7,489	0	0	534	106.00
107.00	10700	LIVER ACQUISITION	0	3,130	0	0	337	107.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,298,762	9,393,414	8,485,046	17,349,637	3,267,893	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,758	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	261,989	7,158	0	0	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	135,131	168,337	304	3,742,542	0	194.00
194.01	07951	RURAL HEALTH CLINIC - 5295	0	38,592	2,097	71,604	0	194.01
194.02	07952	RURAL HEALTH CLINIC - 5296	0	26,363	1,804	40,126	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
202.00 TOTAL (sum lines 118-201)	6,698,640	9,633,864	8,489,251	21,203,909	3,267,893	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/23/2017 2:47 pm	
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED PRGM-CG		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00				22.00
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
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	2,919,591					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,183,884				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		80,795,733			22.00
23.00 02300	PARAMED PRGM	0			498,809		23.00
23.01 02301	PARAMED PRGM-CG	0				475,252	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	1,375,909	2,243,566	56,933,781	302,556	303,474	30.00
31.00 03100	INTENSIVE CARE UNIT	368,125	0	0	122,658	171,778	31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	82,093	0	0	0	0	31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	652,194	0	0	0	0	31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	286,107	16,497	418,631	24,532	0	40.00
43.00 04300	NURSERY	122,960	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	329,936	8,372,615	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	32,203	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	131,974	3,349,046	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	98,981	2,511,784	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	16,497	418,631	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	0	65,987	1,674,523	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601	CLINICAL NUTRITION	0	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	32,994	837,261	0	0	69.00
69.01 06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	131,974	3,349,046	0	0	70.00
70.01 03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
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
76.00 03330	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	40,886	0	90.00
91.00 09100	EMERGENCY	0	115,478	2,930,415	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	0	107.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,919,591	3,183,884	80,795,733	490,632	475,252	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950	NONREIMBURSABLE COST CENTERS	0	0	0	8,177	0	194.00
194.01 07951	RURAL HEALTH CLINIC - 5295	0	0	0	0	0	194.01
194.02 07952	RURAL HEALTH CLINIC - 5296	0	0	0	0	0	194.02
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

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

Worksheet B
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED PRGM-CG	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,919,591	3,183,884	80,795,733	498,809	475,252	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/23/2017 2:47 pm
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
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	PARAMED ED PRGM-CG				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	127,096,183	-59,177,347	67,918,836	30.00
31.00 03100	INTENSIVE CARE UNIT	18,176,830	0	18,176,830	31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	10,652,877	0	10,652,877	31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	31,776,799	0	31,776,799	31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
40.00 04000	SUBPROVIDER - I PF	12,268,414	-435,128	11,833,286	40.00
43.00 04300	NURSERY	3,123,913	0	3,123,913	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	36,608,888	-8,702,551	27,906,337	50.00
51.00 05100	RECOVERY ROOM	5,735,199	0	5,735,199	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,504,218	0	5,504,218	52.00
53.00 05300	ANESTHESIOLOGY	6,093,791	-3,481,020	2,612,771	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,835,861	-2,610,765	16,225,096	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	6,952,994	0	6,952,994	55.00
56.00 05600	RADIOISOTOPE	2,252,873	-435,128	1,817,745	56.00
57.00 05700	CT SCAN	2,801,106	0	2,801,106	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,224,129	0	3,224,129	58.00
59.00 05900	CARDIAC CATHETERIZATION	5,653,156	0	5,653,156	59.00
60.00 06000	LABORATORY	27,286,516	-1,740,510	25,546,006	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,583,481	0	4,583,481	62.00
64.00 06400	INTRAVENOUS THERAPY	5,965,735	0	5,965,735	64.00
65.00 06500	RESPIRATORY THERAPY	14,068,862	0	14,068,862	65.00
66.00 06600	PHYSICAL THERAPY	1,499,221	0	1,499,221	66.00
66.01 06601	CLINICAL NUTRITION	1,591,915	0	1,591,915	66.01
67.00 06700	OCCUPATIONAL THERAPY	756,035	0	756,035	67.00
68.00 06800	SPEECH PATHOLOGY	1,438,919	0	1,438,919	68.00
69.00 06900	ELECTROCARDIOLOGY	6,702,399	-870,255	5,832,144	69.00
69.01 06901	CARDIAC REHAB	1,156,958	0	1,156,958	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	4,335,019	-3,481,020	853,999	70.00
70.01 03320	ELECTROSHOCK THERAPY	406,084	0	406,084	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	46,868,375	0	46,868,375	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	21,898,325	0	21,898,325	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	61,650,957	0	61,650,957	73.00
74.00 07400	RENAL DIALYSIS	2,952,453	-127,615	2,824,838	74.00
76.00 03330	ENDOSCOPY	4,624,321	0	4,624,321	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	23,707,745	0	23,707,745	90.00
91.00 09100	EMERGENCY	28,346,868	-3,045,893	25,300,975	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500	KIDNEY ACQUISITION	499,948	0	499,948	105.00
106.00 10600	HEART ACQUISITION	552,782	0	552,782	106.00
107.00 10700	LIVER ACQUISITION	261,871	0	261,871	107.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	557,912,020	-84,107,232	473,804,788	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	820,479	0	820,479	190.00
191.00 19100	RESEARCH	560,372	0	560,372	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	5,206,767	0	5,206,767	192.00
194.00 07950	NONREIMBURSABLE COST CENTERS	24,822,649	0	24,822,649	194.00
194.01 07951	RURAL HEALTH CLINIC - 5295	2,001,371	0	2,001,371	194.01
194.02 07952	RURAL HEALTH CLINIC - 5296	1,448,218	0	1,448,218	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0091

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	592,771,876	-84,107,232	508,664,644	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/23/2017 2:47 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	59,402	0	59,402	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	5,427,289	3,530,449	727,288	9,685,026	5.00
7.00 00700	OPERATION OF PLANT	91	2,464,722	789,687	3,254,500	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	21,755	42,087	0	63,842	8.00
9.00 00900	HOUSEKEEPING	0	114,480	38,298	152,778	9.00
10.00 01000	DIETARY	0	225,211	33,943	259,154	10.00
11.00 01100	CAFETERIA	0	66,774	139,559	206,333	11.00
13.00 01300	NURSING ADMINISTRATION	0	17,294	479,310	496,604	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	197,427	372,207	263,014	832,648	14.00
15.00 01500	PHARMACY	653,774	75,994	10,176	739,944	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	155,314	4,252	159,566	16.00
17.00 01700	SOCIAL SERVICE	41	0	0	41	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	433,596	9,928	443,524	22.00
23.00 02300	PARAMED ED PRGM	0	2,815	0	2,815	23.00
23.01 02301	PARAMED ED PRGM-CG	725	2,666	0	3,391	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	31,622	2,783,008	680,291	3,494,921	30.00
31.00 03100	INTENSIVE CARE UNIT	46	246,435	136,378	382,859	31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	338,172	327,029	665,201	31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	86,648	71,459	345,570	503,677	31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	73	206,462	22,104	228,639	40.00
43.00 04300	NURSERY	0	17,007	48,744	65,751	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	867,182	809,882	1,413,763	3,090,827	50.00
51.00 05100	RECOVERY ROOM	20	170,823	8,026	178,869	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	106,783	84,270	375,806	566,859	52.00
53.00 05300	ANESTHESIOLOGY	89,965	40,122	251,219	381,306	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	288,672	404,872	1,437,976	2,131,520	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	133,888	48,078	202,884	384,850	55.00
56.00 05600	RADIOISOTOPE	0	51,127	196,067	247,194	56.00
57.00 05700	CT SCAN	64,026	14,797	205,484	284,307	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	39,949	38,273	1,231,065	1,309,287	58.00
59.00 05900	CARDIAC CATHETERIZATION	64,645	107,214	1,132,873	1,304,732	59.00
60.00 06000	LABORATORY	298,858	380,918	242,842	922,618	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	24,730	130,525	155,255	62.00
64.00 06400	INTRAVENOUS THERAPY	0	113,280	70,047	183,327	64.00
65.00 06500	RESPIRATORY THERAPY	87,243	31,687	386,457	505,387	65.00
66.00 06600	PHYSICAL THERAPY	0	69,865	3,424	73,289	66.00
66.01 06601	CLINICAL NUTRITION	0	4,440	17	4,457	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	553	553	67.00
68.00 06800	SPEECH PATHOLOGY	0	35,873	20,377	56,250	68.00
69.00 06900	ELECTROCARDIOLOGY	59,801	100,363	499,349	659,513	69.00
69.01 06901	CARDIAC REHAB	0	53,443	3,076	56,519	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	19,546	35,569	55,115	70.00
70.01 03320	ELECTROSHOCK THERAPY	0	36,468	0	36,468	70.01
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	1,400	11,260	6,882	19,542	74.00
76.00 03330	ENDOSCOPY	271,602	133,888	269,607	675,097	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,462,452	950,165	142,101	2,554,718	90.00
91.00 09100	EMERGENCY	44,952	407,846	370,278	823,076	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	818	2,628	3,446	105.00
106.00 10600	HEART ACQUISITION	0	818	0	818	106.00
107.00 10700	LIVER ACQUISITION	0	818	0	818	107.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,300,929	15,371,238	12,694,466	38,366,633	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,557	3,184	36,741	190.00
191.00 19100	RESEARCH	0	1,434	10,521	11,955	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	90,542	580,464	68,046	739,052	192.00
194.00 07950	NONREIMBURSABLE COST CENTERS	177,202	65,064	126,078	368,344	194.00
194.01 07951	RURAL HEALTH CLINIC - 5295	110,251	0	4,026	114,277	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0091

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
194.02 07952 RURAL HEALTH CLINIC - 5296	57,250	0	2,530	59,780	195	194.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	10,736,174	16,051,757	12,908,851	39,696,782	59,402	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/23/2017 2:47 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,690,130				5.00
7.00	00700	OPERATION OF PLANT	446,507	3,701,911			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	42,216	15,585	121,717		8.00
9.00	00900	HOUSEKEEPING	200,266	42,392	0	396,902	9.00
10.00	01000	DIETARY	51,293	83,395	0	9,083	403,165
11.00	01100	CAFETERIA	105,129	24,726	0	2,693	0
13.00	01300	NURSING ADMINISTRATION	153,829	6,404	0	698	0
14.00	01400	CENTRAL SERVICES & SUPPLY	113,077	137,827	0	15,012	0
15.00	01500	PHARMACY	336,935	28,140	0	3,065	0
16.00	01600	MEDICAL RECORDS & LIBRARY	42,206	57,512	0	6,264	0
17.00	01700	SOCIAL SERVICE	46,726	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	50,560	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,292,304	160,558	0	17,488	0
23.00	02300	PARAMED ED PRGM	7,834	1,042	0	114	0
23.01	02301	PARAMED ED PRGM-CG	7,459	987	0	108	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	765,498	1,030,531	48,418	112,247	189,999
31.00	03100	INTENSIVE CARE UNIT	242,555	91,254	3,692	9,939	50,834
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	139,138	125,224	2,017	13,640	11,336
31.02	02060	NEONATAL INTENSIVE CARE UNIT	451,486	26,461	7,196	2,882	90,061
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	155,178	76,452	10,104	8,327	39,508
43.00	04300	NURSERY	41,945	6,298	504	686	16,980
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	381,971	299,896	7,098	32,665	0
51.00	05100	RECOVERY ROOM	76,292	63,255	3,067	6,890	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	72,120	31,205	4,050	3,399	4,447
53.00	05300	ANESTHESIOLOGY	37,043	14,857	0	1,618	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	228,940	149,922	5,318	16,330	0
55.00	05500	RADIOLOGY-THERAPEUTIC	108,005	17,803	938	1,939	0
56.00	05600	RADIOISOTOPE	26,082	18,932	0	2,062	0
57.00	05700	CT SCAN	42,057	5,479	0	597	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	48,959	14,172	0	1,544	0
59.00	05900	CARDIAC CATHETERIZATION	81,684	39,701	812	4,324	0
60.00	06000	LABORATORY	381,646	141,052	0	15,364	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	70,642	9,157	0	997	0
64.00	06400	INTRAVENOUS THERAPY	85,060	41,947	850	4,569	0
65.00	06500	RESPIRATORY THERAPY	221,692	11,734	886	1,278	0
66.00	06600	PHYSICAL THERAPY	19,122	25,871	269	2,818	0
66.01	06601	CLINICAL NUTRITION	24,956	1,644	0	179	0
67.00	06700	OCCUPATIONAL THERAPY	11,920	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	20,502	13,284	0	1,447	0
69.00	06900	ELECTROCARDIOLOGY	84,503	37,164	1,416	4,048	0
69.01	06901	CARDIAC REHAB	14,527	19,790	0	2,156	0
70.00	07000	ELECTROENCEPHALOGRAPHY	12,059	7,238	365	788	0
70.01	03320	ELECTROSHOCK THERAPY	4,055	13,504	0	1,471	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	670,707	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	313,709	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	723,079	0	0	0	0
74.00	07400	RENAL DIALYSIS	44,352	4,170	0	454	0
76.00	03330	ENDOSCOPY	63,103	49,578	999	5,400	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	300,231	351,842	10,527	38,323	0
91.00	09100	EMERGENCY	356,403	151,024	13,191	16,450	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	8,001	303	0	33	0
106.00	10600	HEART ACQUISITION	8,807	303	0	33	0
107.00	10700	LIVER ACQUISITION	4,171	303	0	33	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,238,541	3,449,918	121,717	369,455	403,165
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,213	12,426	0	1,353	0
191.00	19100	RESEARCH	9,021	531	0	58	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	42,677	214,943	0	23,412	0
194.00	07950	NONREIMBURSABLE COST CENTERS	335,239	24,093	0	2,624	0
194.01	07951	RURAL HEALTH CLINIC - 5295	30,881	0	0	0	0
194.02	07952	RURAL HEALTH CLINIC - 5296	22,558	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	9,690,130	3,701,911	121,717	396,902	403,165

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0091		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/23/2017 2:47 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	339,871					11.00
13.00	01300	NURSING ADMINISTRATION	7,836	666,665				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,058	0	1,102,934			14.00
15.00	01500	PHARMACY	11,334	415	7,638	1,129,656		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,218	0	2	0	269,053	16.00
17.00	01700	SOCIAL SERVICE	2,938	0	0	177	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,617	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	11	0	0	22.00
23.00	02300	PARAMED ED PRGM	420	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CG	420	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,638	221,723	0	461	28,880	30.00
31.00	03100	INTENSIVE CARE UNIT	15,391	49,298	0	8	6,704	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	8,255	23,102	0	40	3,957	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	31,622	88,694	0	110	20,613	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	10,634	22,886	0	0	3,473	40.00
43.00	04300	NURSERY	2,938	7,877	0	0	1,135	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,610	36,967	0	79	19,235	50.00
51.00	05100	RECOVERY ROOM	4,198	13,427	0	0	3,185	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,515	23,034	0	1	5,569	52.00
53.00	05300	ANESTHESIOLOGY	1,679	5,087	0	135	6,318	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,033	6,306	0	22	12,392	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,239	1,362	0	0	5,653	55.00
56.00	05600	RADIOISOTOPE	420	0	0	0	740	56.00
57.00	05700	CT SCAN	1,959	14	0	0	10,714	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	979	0	0	0	4,643	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,379	6,094	0	47	5,981	59.00
60.00	06000	LABORATORY	14,832	336	0	20	30,871	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,037	1,772	0	3	3,131	62.00
64.00	06400	INTRAVENOUS THERAPY	3,918	13,084	0	19	1,875	64.00
65.00	06500	RESPIRATORY THERAPY	11,194	755	0	62	10,534	65.00
66.00	06600	PHYSICAL THERAPY	840	0	0	453	1,514	66.00
66.01	06601	CLINICAL NUTRITION	2,379	0	0	0	53	66.01
67.00	06700	OCCUPATIONAL THERAPY	840	0	0	0	849	67.00
68.00	06800	SPEECH PATHOLOGY	1,399	87	0	0	995	68.00
69.00	06900	ELECTROCARDIOLOGY	5,597	2,159	0	0	7,211	69.00
69.01	06901	CARDIAC REHAB	840	2,495	0	0	118	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,119	0	0	0	641	70.00
70.01	03320	ELECTROSHOCK THERAPY	140	556	0	0	86	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	748,494	0	6,464	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	346,243	0	3,533	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	906,382	33,594	73.00
74.00	07400	RENAL DIALYSIS	840	2,767	0	6,466	1,342	74.00
76.00	03330	ENDOSCOPY	3,218	7,112	0	0	3,213	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,173	52,982	0	9,829	5,646	90.00
91.00	09100	EMERGENCY	25,606	58,634	0	1	18,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	140	266	0	0	50	105.00
106.00	10600	HEART ACQUISITION	140	518	0	0	44	106.00
107.00	10700	LIVER ACQUISITION	0	217	0	0	28	107.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	319,582	650,026	1,102,388	924,315	269,053	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	140	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,293	495	0	0	0	192.00
194.00	07950	NONREIMBURSABLE COST CENTERS	6,856	11,649	40	199,388	0	194.00
194.01	07951	RURAL HEALTH CLINIC - 5295	0	2,671	272	3,815	0	194.01
194.02	07952	RURAL HEALTH CLINIC - 5296	0	1,824	234	2,138	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/23/2017 2:47 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
202.00	TOTAL (sum lines 118-201)	339,871	666,665	1,102,934	1,129,656	269,053		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/23/2017 2:47 pm
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	PARAMED PRGM-CG	
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
	17.00	21.00	22.00	23.00	23.01		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
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	50,327					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	55,741				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		1,914,167			22.00
23.00 02300	PARAMED PRGM	0			12,308		23.00
23.01 02301	PARAMED PRGM-CG	0				12,442	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	23,717					30.00
31.00 03100	INTENSIVE CARE UNIT	6,346					31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	1,415					31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	11,242					31.02
32.00 03200	CORONARY CARE UNIT	0					32.00
40.00 04000	SUBPROVIDER - IPF	4,932					40.00
43.00 04300	NURSERY	2,120					43.00
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	555					52.00
53.00 05300	ANESTHESIOLOGY	0					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00 05600	RADIOISOTOPE	0					56.00
57.00 05700	CT SCAN	0					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00 05900	CARDIAC CATHETERIZATION	0					59.00
60.00 06000	LABORATORY	0					60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
64.00 06400	INTRAVENOUS THERAPY	0					64.00
65.00 06500	RESPIRATORY THERAPY	0					65.00
66.00 06600	PHYSICAL THERAPY	0					66.00
66.01 06601	CLINICAL NUTRITION	0					66.01
67.00 06700	OCCUPATIONAL THERAPY	0					67.00
68.00 06800	SPEECH PATHOLOGY	0					68.00
69.00 06900	ELECTROCARDIOLOGY	0					69.00
69.01 06901	CARDIAC REHAB	0					69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0					70.00
70.01 03320	ELECTROSHOCK THERAPY	0					70.01
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
76.00 03330	ENDOSCOPY	0					76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0					90.00
91.00 09100	EMERGENCY	0					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION	0					105.00
106.00 10600	HEART ACQUISITION	0					106.00
107.00 10700	LIVER ACQUISITION	0					107.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	50,327	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
191.00 19100	RESEARCH	0					191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
194.00 07950	NONREIMBURSABLE COST CENTERS	0					194.00
194.01 07951	RURAL HEALTH CLINIC - 5295	0					194.01
194.02 07952	RURAL HEALTH CLINIC - 5296	0					194.02
200.00	Cross Foot Adjustments		55,741	1,914,167	12,308	12,442	200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/23/2017 2:47 pm	
Cost Center Description		SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PARAMED ED PRGM-CG	
		17.00	21.00	22.00	23.00	23.01	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	50,327	55,741	1,914,167	12,308	12,442	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/23/2017 2:47 pm
Cost Center	Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500 ADMINISTRATIVE & GENERAL				5.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
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 PARAMED ED PRGM-CG				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	5,999,140	0	5,999,140	30.00
31.00	03100 INTENSIVE CARE UNIT	861,392	0	861,392	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT	994,579	0	994,579	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT	1,238,802	0	1,238,802	31.02
32.00	03200 CORONARY CARE UNIT	0	0	0	32.00
40.00	04000 SUBPROVIDER - I PF	561,631	0	561,631	40.00
43.00	04300 NURSERY	146,661	0	146,661	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	3,890,076	0	3,890,076	50.00
51.00	05100 RECOVERY ROOM	349,973	0	349,973	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	721,382	0	721,382	52.00
53.00	05300 ANESTHESIOLOGY	448,296	0	448,296	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,564,593	0	2,564,593	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	523,228	0	523,228	55.00
56.00	05600 RADIOISOTOPE	295,511	0	295,511	56.00
57.00	05700 CT SCAN	345,447	0	345,447	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,379,793	0	1,379,793	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,446,230	0	1,446,230	59.00
60.00	06000 LABORATORY	1,508,724	0	1,508,724	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	246,823	0	246,823	62.00
64.00	06400 INTRAVENOUS THERAPY	335,440	0	335,440	64.00
65.00	06500 RESPIRATORY THERAPY	765,140	0	765,140	65.00
66.00	06600 PHYSICAL THERAPY	124,369	0	124,369	66.00
66.01	06601 CLINICAL NUTRITION	33,954	0	33,954	66.01
67.00	06700 OCCUPATIONAL THERAPY	14,294	0	14,294	67.00
68.00	06800 SPEECH PATHOLOGY	94,176	0	94,176	68.00
69.00	06900 ELECTROCARDIOLOGY	802,359	0	802,359	69.00
69.01	06901 CARDIAC REHAB	96,589	0	96,589	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	77,433	0	77,433	70.00
70.01	03320 ELECTROSHOCK THERAPY	56,317	0	56,317	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,425,665	0	1,425,665	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	663,485	0	663,485	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,663,055	0	1,663,055	73.00
74.00	07400 RENAL DIALYSIS	80,075	0	80,075	74.00
76.00	03330 ENDOSCOPY	808,238	0	808,238	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3,338,828	0	3,338,828	90.00
91.00	09100 EMERGENCY	1,465,936	0	1,465,936	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	12,255	0	12,255	105.00
106.00	10600 HEART ACQUISITION	10,680	0	10,680	106.00
107.00	10700 LIVER ACQUISITION	5,576	0	5,576	107.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	35,396,145	0	35,396,145	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	61,755	0	61,755	190.00
191.00	19100 RESEARCH	21,738	0	21,738	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,033,996	0	1,033,996	192.00
194.00	07950 NONREIMBURSABLE COST CENTERS	949,589	0	949,589	194.00
194.01	07951 RURAL HEALTH CLINIC - 5295	152,172	0	152,172	194.01
194.02	07952 RURAL HEALTH CLINIC - 5296	86,729	0	86,729	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0091		Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/23/2017 2:47 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
200.00	Cross Foot Adjustments	1,994,658	0	1,994,658	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	39,696,782	0	39,696,782	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1
Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,511,087					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		11,503,716				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,592	0	200,783,477			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	332,351	648,122	17,242,305	-137,019,470	455,752,406	5.00
7.00 00700	OPERATION OF PLANT	232,025	703,729	3,052,378	0	21,000,252	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,962	0	251,613	0	1,985,498	8.00
9.00 00900	HOUSEKEEPING	10,777	34,129	4,954,239	0	9,418,976	9.00
10.00 01000	DIETARY	21,201	30,248	809,768	0	2,412,426	10.00
11.00 01100	CAFETERIA	6,286	124,368	3,344,798	0	4,944,434	11.00
13.00 01300	NURSING ADMINISTRATION	1,628	427,137	4,370,283	0	7,234,949	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	35,039	234,385	1,054,581	0	5,318,245	14.00
15.00 01500	PHARMACY	7,154	9,068	7,381,605	0	15,846,826	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	14,621	3,789	962,392	0	1,985,028	16.00
17.00 01700	SOCIAL SERVICE	0	0	1,504,826	0	2,197,651	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,906,903	0	2,377,956	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,818	8,847	952,098	0	60,783,411	22.00
23.00 02300	PARAMED ED PRGM	265	0	279,561	0	368,472	23.00
23.01 02301	PARAMED ED PRGM-CG	251	0	260,913	0	350,818	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	261,988	606,241	37,628,019	0	36,003,082	30.00
31.00 03100	INTENSIVE CARE UNIT	23,199	121,533	8,487,234	0	11,407,922	31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	31,835	291,432	4,236,777	0	6,543,980	31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	6,727	307,955	16,072,705	0	21,234,423	31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - I PF	19,436	19,698	5,061,795	0	7,298,364	40.00
43.00 04300	NURSERY	1,601	43,438	1,440,998	0	1,972,786	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	76,241	1,259,874	9,216,019	0	17,964,958	50.00
51.00 05100	RECOVERY ROOM	16,081	7,152	2,669,096	0	3,588,185	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,933	334,899	2,120,306	0	3,391,974	52.00
53.00 05300	ANESTHESIOLOGY	3,777	223,874	854,555	0	1,742,205	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	38,114	1,281,454	6,115,289	0	10,767,587	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,526	180,800	1,483,202	0	5,079,731	55.00
56.00 05600	RADIOISOTOPE	4,813	174,725	273,580	0	1,226,711	56.00
57.00 05700	CT SCAN	1,393	183,117	1,079,896	0	1,978,031	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,603	1,097,063	706,474	0	2,302,654	58.00
59.00 05900	CARDIAC CATHETERIZATION	10,093	1,009,559	1,607,873	0	3,841,804	59.00
60.00 06000	LABORATORY	35,859	216,409	6,704,570	0	17,949,655	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,328	116,317	2,801,876	0	3,322,463	62.00
64.00 06400	INTRAVENOUS THERAPY	10,664	62,422	2,670,614	0	4,000,587	64.00
65.00 06500	RESPIRATORY THERAPY	2,983	344,391	5,466,001	0	10,426,700	65.00
66.00 06600	PHYSICAL THERAPY	6,577	3,051	651,053	0	899,331	66.00
66.01 06601	CLINICAL NUTRITION	418	15	967,075	0	1,173,719	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	493	444,562	0	560,619	67.00
68.00 06800	SPEECH PATHOLOGY	3,377	18,159	715,994	0	964,265	68.00
69.00 06900	ELECTROCARDIOLOGY	9,448	444,995	2,526,296	0	3,974,363	69.00
69.01 06901	CARDIAC REHAB	5,031	2,741	486,352	0	683,260	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,840	31,697	366,097	0	567,183	70.00
70.01 03320	ELECTROSHOCK THERAPY	3,433	0	123,693	0	190,716	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	31,544,884	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	14,754,465	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	34,008,046	73.00
74.00 07400	RENAL DIALYSIS	1,060	6,133	480,579	0	2,085,965	74.00
76.00 03330	ENDOSCOPY	12,604	240,260	1,751,044	0	2,967,899	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	89,447	126,633	8,639,515	0	14,120,523	90.00
91.00 09100	EMERGENCY	38,394	329,973	11,764,643	0	16,762,463	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION	77	2,342	52,520	0	376,328	105.00
106.00 10600	HEART ACQUISITION	77	0	56,521	0	414,196	106.00
107.00 10700	LIVER ACQUISITION	77	0	21,446	0	196,153	107.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,447,024	11,312,667	194,072,532	-137,019,470	434,513,122	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,159	2,837	74,254	0	527,395	190.00
191.00 19100	RESEARCH	135	9,376	111,902	0	424,301	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	54,644	60,639	419,992	0	2,007,174	192.00
194.00 07950	NONREIMBURSABLE COST CENTERS	6,125	112,354	4,581,491	0	15,767,044	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
194.01 07951 RURAL HEALTH CLINIC - 5295	0	3,588	864,357	0	1,452,416	194.01	
194.02 07952 RURAL HEALTH CLINIC - 5296	0	2,255	658,949	0	1,060,954	194.02	
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)	16,051,757	12,908,851	49,598,609		137,019,470	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	10.622656	1.122146	0.247025		0.300645	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			59,402		9,690,130	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000296		0.021262	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	941,119				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,962	1,705,729			8.00
9.00	00900	HOUSEKEEPING	10,777	0	926,380		9.00
10.00	01000	DIETARY	21,201	0	21,201	413,663	10.00
11.00	01100	CAFETERIA	6,286	0	6,286	0	2,429
13.00	01300	NURSING ADMINISTRATION	1,628	0	1,628	0	56
14.00	01400	CENTRAL SERVICES & SUPPLY	35,039	0	35,039	0	29
15.00	01500	PHARMACY	7,154	0	7,154	0	81
16.00	01600	MEDICAL RECORDS & LIBRARY	14,621	0	14,621	0	23
17.00	01700	SOCIAL SERVICE	0	0	0	0	21
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	33
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,818	0	40,818	0	0
23.00	02300	PARAMED ED PRGM	265	0	265	0	3
23.01	02301	PARAMED ED PRGM-CG	251	0	251	0	3
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	261,988	678,516	261,988	194,946	512
31.00	03100	INTENSIVE CARE UNIT	23,199	51,742	23,199	52,158	110
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	31,835	28,265	31,835	11,631	59
31.02	02060	NEONATAL INTENSIVE CARE UNIT	6,727	100,848	6,727	92,406	226
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	19,436	141,591	19,436	40,537	76
43.00	04300	NURSERY	1,601	7,061	1,601	17,422	21
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	76,241	99,473	76,241	0	133
51.00	05100	RECOVERY ROOM	16,081	42,975	16,081	0	30
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,933	56,757	7,933	4,563	68
53.00	05300	ANESTHESIOLOGY	3,777	0	3,777	0	12
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,114	74,528	38,114	0	86
55.00	05500	RADIOLOGY-THERAPEUTIC	4,526	13,150	4,526	0	16
56.00	05600	RADIOISOTOPE	4,813	0	4,813	0	3
57.00	05700	CT SCAN	1,393	0	1,393	0	14
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,603	0	3,603	0	7
59.00	05900	CARDIAC CATHETERIZATION	10,093	11,381	10,093	0	17
60.00	06000	LABORATORY	35,859	0	35,859	0	106
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,328	0	2,328	0	36
64.00	06400	INTRAVENOUS THERAPY	10,664	11,909	10,664	0	28
65.00	06500	RESPIRATORY THERAPY	2,983	12,419	2,983	0	80
66.00	06600	PHYSICAL THERAPY	6,577	3,772	6,577	0	6
66.01	06601	CLINICAL NUTRITION	418	0	418	0	17
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	6
68.00	06800	SPEECH PATHOLOGY	3,377	0	3,377	0	10
69.00	06900	ELECTROCARDIOLOGY	9,448	19,850	9,448	0	40
69.01	06901	CARDIAC REHAB	5,031	0	5,031	0	6
70.00	07000	ELECTROENCEPHALOGRAPHY	1,840	5,110	1,840	0	8
70.01	03320	ELECTROSHOCK THERAPY	3,433	0	3,433	0	1
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	1,060	0	1,060	0	6
76.00	03330	ENDOSCOPY	12,604	14,001	12,604	0	23
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	89,447	147,530	89,447	0	87
91.00	09100	EMERGENCY	38,394	184,851	38,394	0	183
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	77	0	77	0	1
106.00	10600	HEART ACQUISITION	77	0	77	0	1
107.00	10700	LIVER ACQUISITION	77	0	77	0	1
118.00		SUBTOTALS (SUM OF LINES 1-117)	877,056	1,705,729	862,317	413,663	2,284
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,159	0	3,159	0	0
191.00	19100	RESEARCH	135	0	135	0	1
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54,644	0	54,644	0	95
194.00	07950	NONREIMBURSABLE COST CENTERS	6,125	0	6,125	0	49
194.01	07951	RURAL HEALTH CLINIC - 5295	0	0	0	0	0
194.02	07952	RURAL HEALTH CLINIC - 5296	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	27,313,873	2,697,416	12,563,522	4,040,549	6,698,640	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	29.022762	1.581386	13.561953	9.767731	2,757.776863	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,701,911	121,717	396,902	403,165	339,871	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.933521	0.071358	0.428444	0.974622	139.922190	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	2,819,643					13.00
14.00	01400	0	46,998,784				14.00
15.00	01500	1,754	325,477	48,346,330			15.00
16.00	01600	0	90	0	2,005,853,679		16.00
17.00	01700	0	0	7,557	0	154,670	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	469	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	937,773	0	19,738	215,522,546	72,891	30.00
31.00	03100	208,505	0	345	50,028,381	19,502	31.00
31.01	02080	97,708	0	1,691	29,532,323	4,349	31.01
31.02	02060	375,130	0	4,703	153,830,084	34,551	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	96,795	0	0	25,914,538	15,157	40.00
43.00	04300	33,315	0	0	8,472,495	6,514	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	156,352	0	3,370	143,541,173	0	50.00
51.00	05100	56,788	0	0	23,768,382	0	51.00
52.00	05200	97,423	0	26	41,562,803	1,706	52.00
53.00	05300	21,516	0	5,758	47,149,516	0	53.00
54.00	05400	26,671	0	937	92,479,292	0	54.00
55.00	05500	5,762	0	0	42,187,390	0	55.00
56.00	05600	0	0	0	5,522,073	0	56.00
57.00	05700	61	0	0	79,958,499	0	57.00
58.00	05800	2	0	7	34,651,578	0	58.00
59.00	05900	25,774	0	2,000	44,632,531	0	59.00
60.00	06000	1,419	0	835	230,383,163	0	60.00
62.00	06200	7,493	0	132	23,364,236	0	62.00
64.00	06400	55,339	0	803	13,988,830	0	64.00
65.00	06500	3,193	0	2,663	78,611,568	0	65.00
66.00	06600	0	0	19,407	11,299,573	0	66.00
66.01	06601	0	0	0	393,008	0	66.01
67.00	06700	0	0	0	6,336,355	0	67.00
68.00	06800	370	0	0	7,429,028	0	68.00
69.00	06900	9,132	0	0	53,815,606	0	69.00
69.01	06901	10,553	0	0	879,344	0	69.01
70.00	07000	0	0	0	4,785,954	0	70.00
70.01	03320	2,352	0	0	640,510	0	70.01
71.00	07100	0	31,895,004	0	48,237,497	0	71.00
72.00	07200	0	14,754,465	0	26,365,009	0	72.00
73.00	07300	0	0	38,790,935	248,702,714	0	73.00
74.00	07400	11,701	0	276,740	10,013,930	0	74.00
76.00	03330	30,079	0	9	23,975,027	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	224,087	0	420,660	42,133,101	0	90.00
91.00	09100	247,989	0	25	134,840,666	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	1,124	0	0	369,753	0	105.00
106.00	10600	2,192	0	0	328,000	0	106.00
107.00	10700	916	0	0	207,000	0	107.00
118.00		2,749,268	46,975,505	39,558,341	2,005,853,476	154,670	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	2,095	0	0	0	0	192.00
194.00	07950	49,269	1,685	8,533,238	0	0	194.00
194.01	07951	11,295	11,609	163,261	126	0	194.01
194.02	07952	7,716	9,985	91,490	77	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
		(DIRECT NURSING HRS)	(COSTED REQUIS.)				
200.00	Cross Foot Adjustments	13.00	14.00	15.00	16.00	17.00	200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	9,633,864	8,489,251	21,203,909	3,267,893	2,919,591	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.416696	0.180627	0.438584	0.001629	18.876259	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	666,665	1,102,934	1,129,656	269,053	50,327	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.236436	0.023467	0.023366	0.000134	0.325383	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM-CG (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
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	193				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		193			22.00
23.00 02300 PARAMED PRGM			61		23.00
23.01 02301 PARAMED PRGM-CG				83	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	136	136	37	53	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	15	30	31.00
31.01 02080 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	31.01
31.02 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	1	1	3	0	40.00
43.00 04300 NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	20	20	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	8	8	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6	6	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	1	1	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	4	4	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
66.01 06601 CLINICAL NUTRITION	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	2	2	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	8	8	0	0	70.00
70.01 03320 ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	5	0	90.00
91.00 09100 EMERGENCY	7	7	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	107.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	193	193	60	83	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950 NONREIMBURSABLE COST CENTERS	0	0	1	0	194.00
194.01 07951 RURAL HEALTH CLINIC - 5295	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED PRGM-CG (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00				
194.02 07952 RURAL HEALTH CLINIC - 5296	0	0	0	0		194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,183,884	80,795,733	498,809	475,252		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	16,496.808290	418,630.740933	8,177.196721	5,725.927711		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	55,741	1,914,167	12,308	12,442		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	288.813472	9,917.963731	201.770492	149.903614		205.00

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	-127,615	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/23/2017 2:47 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		67,918,836	45,291	67,964,127
31.00	03100 INTENSIVE CARE UNIT		18,176,830	0	18,176,830
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		10,652,877	0	10,652,877
31.02	02060 NEONATAL INTENSIVE CARE UNIT		31,776,799	0	31,776,799
32.00	03200 CORONARY CARE UNIT		0	0	0
40.00	04000 SUBPROVIDER - IPF		11,833,286	0	11,833,286
43.00	04300 NURSERY		3,123,913	0	3,123,913
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		27,906,337	10,987	27,917,324
51.00	05100 RECOVERY ROOM		5,735,199	0	5,735,199
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,504,218	0	5,504,218
53.00	05300 ANESTHESIOLOGY		2,612,771	31,062	2,643,833
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,225,096	0	16,225,096
55.00	05500 RADIOLOGY-THERAPEUTIC		6,952,994	0	6,952,994
56.00	05600 RADIOISOTOPE		1,817,745	0	1,817,745
57.00	05700 CT SCAN		2,801,106	0	2,801,106
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		3,224,129	0	3,224,129
59.00	05900 CARDIAC CATHETERIZATION		5,653,156	1,536	5,654,692
60.00	06000 LABORATORY		25,546,006	0	25,546,006
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		4,583,481	0	4,583,481
64.00	06400 INTRAVENOUS THERAPY		5,965,735	0	5,965,735
65.00	06500 RESPIRATORY THERAPY	0	14,068,862	8,253	14,077,115
66.00	06600 PHYSICAL THERAPY	0	1,499,221	0	1,499,221
66.01	06601 CLINICAL NUTRITION	0	1,591,915	0	1,591,915
67.00	06700 OCCUPATIONAL THERAPY	0	756,035	0	756,035
68.00	06800 SPEECH PATHOLOGY	0	1,438,919	0	1,438,919
69.00	06900 ELECTROCARDIOLOGY		5,832,144	254	5,832,398
69.01	06901 CARDIAC REHAB		1,156,958	15,956	1,172,914
70.00	07000 ELECTROENCEPHALOGRAPHY		853,999	0	853,999
70.01	03320 ELECTROSHOCK THERAPY		406,084	0	406,084
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		46,868,375	0	46,868,375
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		21,898,325	0	21,898,325
73.00	07300 DRUGS CHARGED TO PATIENTS		61,650,957	0	61,650,957
74.00	07400 RENAL DIALYSIS		2,824,838	0	2,824,838
76.00	03330 ENDOSCOPY		4,624,321	2,175	4,626,496
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		23,707,745	37,081	23,744,826
91.00	09100 EMERGENCY		25,300,975	0	25,300,975
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		7,518,900	0	7,518,900
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION		499,948	0	499,948
106.00	10600 HEART ACQUISITION		552,782	0	552,782
107.00	10700 LIVER ACQUISITION		261,871	0	261,871
200.00	Subtotal (see instructions)	0	481,323,688	152,595	481,476,283
201.00	Less Observation Beds		7,518,900	0	7,518,900
202.00	Total (see instructions)	0	473,804,788	152,595	473,957,383

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0091		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/23/2017 2:47 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	210,561,680		210,561,680				30.00
31.00	03100	INTENSIVE CARE UNIT	49,552,158		49,552,158				31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	29,252,163		29,252,163				31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	150,916,374		150,916,374				31.02
32.00	03200	CORONARY CARE UNIT	0		0				32.00
40.00	04000	SUBPROVIDER - IPF	25,831,091		25,831,091				40.00
43.00	04300	NURSERY	8,472,495		8,472,495				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	62,287,515	76,480,789	138,768,304	0.201100	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,279,145	17,886,211	23,165,356	0.247577	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,245,895	20,201,994	41,447,889	0.132799	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	20,893,125	24,933,736	45,826,861	0.057014	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,925,833	64,580,697	90,506,530	0.179270	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	659,735	40,295,361	40,955,096	0.169771	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,568,052	3,789,128	5,357,180	0.339310	0.000000		56.00
57.00	05700	CT SCAN	29,354,056	49,022,153	78,376,209	0.035739	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,081,581	24,488,947	33,570,528	0.096040	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	16,781,457	26,750,929	43,532,386	0.129861	0.000000		59.00
60.00	06000	LABORATORY	132,264,139	94,308,931	226,573,070	0.112750	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,812,625	5,280,035	23,092,660	0.198482	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	1,002,981	12,616,112	13,619,093	0.438042	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	57,478,617	19,732,628	77,211,245	0.182213	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	8,315,502	2,836,295	11,151,797	0.134438	0.000000		66.00
66.01	06601	CLINICAL NUTRITION	1,964	379,820	381,784	4.169674	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	4,985,415	1,247,236	6,232,651	0.121302	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,999,641	4,258,611	7,258,252	0.198246	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	18,980,159	33,678,811	52,658,970	0.110753	0.000000		69.00
69.01	06901	CARDIAC REHAB	0	864,501	864,501	1.338296	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,540,621	3,136,728	4,677,349	0.182582	0.000000		70.00
70.01	03320	ELECTROSHOCK THERAPY	316,030	324,480	640,510	0.634001	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,604,478	11,633,019	48,237,497	0.971617	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,931,713	11,433,295	26,365,008	0.830583	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,393,070	161,309,643	248,702,713	0.247890	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,879,484	5,121,740	10,001,224	0.282449	0.000000		74.00
76.00	03330	ENDOSCOPY	3,646,872	19,387,154	23,034,026	0.200760	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	98,971	41,071,480	41,170,451	0.575844	0.000000		90.00
91.00	09100	EMERGENCY	32,484,460	100,762,142	133,246,602	0.189881	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,460,396	37,352,058	40,812,454	0.184231	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	369,753	0	369,753				105.00
106.00	10600	HEART ACQUISITION	328,000	0	328,000				106.00
107.00	10700	LIVER ACQUISITION	207,000	0	207,000				107.00
200.00		Subtotal (see instructions)	1,097,764,246	915,164,664	2,012,928,910				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,097,764,246	915,164,664	2,012,928,910				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/23/2017 2:47 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I PF			40.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.201179		50.00
51.00	05100 RECOVERY ROOM	0.247577		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.132799		52.00
53.00	05300 ANESTHESIOLOGY	0.057692		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.179270		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.169771		55.00
56.00	05600 RADIOISOTOPE	0.339310		56.00
57.00	05700 CT SCAN	0.035739		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096040		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.129896		59.00
60.00	06000 LABORATORY	0.112750		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.198482		62.00
64.00	06400 INTRAVENOUS THERAPY	0.438042		64.00
65.00	06500 RESPIRATORY THERAPY	0.182319		65.00
66.00	06600 PHYSICAL THERAPY	0.134438		66.00
66.01	06601 CLINICAL NUTRITION	4.169674		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.121302		67.00
68.00	06800 SPEECH PATHOLOGY	0.198246		68.00
69.00	06900 ELECTROCARDIOLOGY	0.110758		69.00
69.01	06901 CARDIAC REHAB	1.356753		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.182582		70.00
70.01	03320 ELECTROSHOCK THERAPY	0.634001		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.971617		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.830583		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.247890		73.00
74.00	07400 RENAL DIALYSIS	0.282449		74.00
76.00	03330 ENDOSCOPY	0.200855		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.576744		90.00
91.00	09100 EMERGENCY	0.189881		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.184231		92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
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: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/23/2017 2:47 pm
			Title XIX	Hospital	Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		67,918,836	45,291	67,964,127
31.00	03100 INTENSIVE CARE UNIT		18,176,830	0	18,176,830
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		10,652,877	0	10,652,877
31.02	02060 NEONATAL INTENSIVE CARE UNIT		31,776,799	0	31,776,799
32.00	03200 CORONARY CARE UNIT		0	0	0
40.00	04000 SUBPROVIDER - IPF		11,833,286	0	11,833,286
43.00	04300 NURSERY		3,123,913	0	3,123,913
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		27,906,337	10,987	27,917,324
51.00	05100 RECOVERY ROOM		5,735,199	0	5,735,199
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,504,218	0	5,504,218
53.00	05300 ANESTHESIOLOGY		2,612,771	31,062	2,643,833
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,225,096	0	16,225,096
55.00	05500 RADIOLOGY-THERAPEUTIC		6,952,994	0	6,952,994
56.00	05600 RADIOISOTOPE		1,817,745	0	1,817,745
57.00	05700 CT SCAN		2,801,106	0	2,801,106
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		3,224,129	0	3,224,129
59.00	05900 CARDIAC CATHETERIZATION		5,653,156	1,536	5,654,692
60.00	06000 LABORATORY		25,546,006	0	25,546,006
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		4,583,481	0	4,583,481
64.00	06400 INTRAVENOUS THERAPY		5,965,735	0	5,965,735
65.00	06500 RESPIRATORY THERAPY	0	14,068,862	8,253	14,077,115
66.00	06600 PHYSICAL THERAPY	0	1,499,221	0	1,499,221
66.01	06601 CLINICAL NUTRITION	0	1,591,915	0	1,591,915
67.00	06700 OCCUPATIONAL THERAPY	0	756,035	0	756,035
68.00	06800 SPEECH PATHOLOGY	0	1,438,919	0	1,438,919
69.00	06900 ELECTROCARDIOLOGY		5,832,144	254	5,832,398
69.01	06901 CARDIAC REHAB		1,156,958	15,956	1,172,914
70.00	07000 ELECTROENCEPHALOGRAPHY		853,999	0	853,999
70.01	03320 ELECTROSHOCK THERAPY		406,084	0	406,084
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		46,868,375	0	46,868,375
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		21,898,325	0	21,898,325
73.00	07300 DRUGS CHARGED TO PATIENTS		61,650,957	0	61,650,957
74.00	07400 RENAL DIALYSIS		2,824,838	0	2,824,838
76.00	03330 ENDOSCOPY		4,624,321	2,175	4,626,496
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		23,707,745	37,081	23,744,826
91.00	09100 EMERGENCY		25,300,975	0	25,300,975
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		7,518,900	0	7,518,900
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION		499,948	0	499,948
106.00	10600 HEART ACQUISITION		552,782	0	552,782
107.00	10700 LIVER ACQUISITION		261,871	0	261,871
200.00	Subtotal (see instructions)	0	481,323,688	152,595	481,476,283
201.00	Less Observation Beds		7,518,900	0	7,518,900
202.00	Total (see instructions)	0	473,804,788	152,595	473,957,383

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0091		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/23/2017 2:47 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	210,561,680		210,561,680				30.00
31.00	03100	INTENSIVE CARE UNIT	49,552,158		49,552,158				31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	29,252,163		29,252,163				31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	150,916,374		150,916,374				31.02
32.00	03200	CORONARY CARE UNIT	0		0				32.00
40.00	04000	SUBPROVIDER - IPF	25,831,091		25,831,091				40.00
43.00	04300	NURSERY	8,472,495		8,472,495				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	62,287,515	76,480,789	138,768,304	0.201100	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,279,145	17,886,211	23,165,356	0.247577	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,245,895	20,201,994	41,447,889	0.132799	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	20,893,125	24,933,736	45,826,861	0.057014	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,925,833	64,580,697	90,506,530	0.179270	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	659,735	40,295,361	40,955,096	0.169771	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,568,052	3,789,128	5,357,180	0.339310	0.000000		56.00
57.00	05700	CT SCAN	29,354,056	49,022,153	78,376,209	0.035739	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,081,581	24,488,947	33,570,528	0.096040	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	16,781,457	26,750,929	43,532,386	0.129861	0.000000		59.00
60.00	06000	LABORATORY	132,264,139	94,308,931	226,573,070	0.112750	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,812,625	5,280,035	23,092,660	0.198482	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	1,002,981	12,616,112	13,619,093	0.438042	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	57,478,617	19,732,628	77,211,245	0.182213	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	8,315,502	2,836,295	11,151,797	0.134438	0.000000		66.00
66.01	06601	CLINICAL NUTRITION	1,964	379,820	381,784	4.169674	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	4,985,415	1,247,236	6,232,651	0.121302	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,999,641	4,258,611	7,258,252	0.198246	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	18,980,159	33,678,811	52,658,970	0.110753	0.000000		69.00
69.01	06901	CARDIAC REHAB	0	864,501	864,501	1.338296	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,540,621	3,136,728	4,677,349	0.182582	0.000000		70.00
70.01	03320	ELECTROSHOCK THERAPY	316,030	324,480	640,510	0.634001	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,604,478	11,633,019	48,237,497	0.971617	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,931,713	11,433,295	26,365,008	0.830583	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,393,070	161,309,643	248,702,713	0.247890	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,879,484	5,121,740	10,001,224	0.282449	0.000000		74.00
76.00	03330	ENDOSCOPY	3,646,872	19,387,154	23,034,026	0.200760	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	98,971	41,071,480	41,170,451	0.575844	0.000000		90.00
91.00	09100	EMERGENCY	32,484,460	100,762,142	133,246,602	0.189881	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,460,396	37,352,058	40,812,454	0.184231	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	369,753	0	369,753				105.00
106.00	10600	HEART ACQUISITION	328,000	0	328,000				106.00
107.00	10700	LIVER ACQUISITION	207,000	0	207,000				107.00
200.00		Subtotal (see instructions)	1,097,764,246	915,164,664	2,012,928,910				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,097,764,246	915,164,664	2,012,928,910				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/23/2017 2:47 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
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I PF			40.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 CLINICAL NUTRITION	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	03320 ELECTROSHOCK THERAPY	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03330 ENDOSCOPY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
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: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/23/2017 2:47 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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,999,140	0	5,999,140	81,958	73.20	30.00
31.00	INTENSIVE CARE UNIT	861,392		861,392	19,502	44.17	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	994,579		994,579	4,349	228.69	31.01
31.02	NEONATAL INTENSIVE CARE UNIT	1,238,802		1,238,802	34,551	35.85	31.02
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	561,631	0	561,631	15,157	37.05	40.00
43.00	NURSERY	146,661		146,661	6,514	22.51	43.00
200.00	Total (lines 30-199)	9,802,205		9,802,205	162,031		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	15,246	1,116,007				
31.00	INTENSIVE CARE UNIT	5,312	234,631				
31.01	PEDIATRIC INTENSIVE CARE UNIT	21	4,802				
31.02	NEONATAL INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	7,588	281,135				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	28,167	1,636,575				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/23/2017 2:47 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,890,076	138,768,304	0.028033	14,035,925	393,469	50.00
51.00	05100 RECOVERY ROOM	349,973	23,165,356	0.015108	1,004,946	15,183	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	721,382	41,447,889	0.017405	287,982	5,012	52.00
53.00	05300 ANESTHESIOLOGY	448,296	45,826,861	0.009782	2,309,196	22,589	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,564,593	90,506,530	0.028336	3,846,042	108,981	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	523,228	40,955,096	0.012776	348,208	4,449	55.00
56.00	05600 RADIOISOTOPE	295,511	5,357,180	0.055162	459,618	25,353	56.00
57.00	05700 CT SCAN	345,447	78,376,209	0.004408	7,561,602	33,332	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,379,793	33,570,528	0.041101	1,774,638	72,939	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,446,230	43,532,386	0.033222	3,146,829	104,544	59.00
60.00	06000 LABORATORY	1,508,724	226,573,070	0.006659	23,144,951	154,122	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	246,823	23,092,660	0.010688	2,022,879	21,621	62.00
64.00	06400 INTRAVENOUS THERAPY	335,440	13,619,093	0.024630	11,701	288	64.00
65.00	06500 RESPIRATORY THERAPY	765,140	77,211,245	0.009910	6,502,842	64,443	65.00
66.00	06600 PHYSICAL THERAPY	124,369	11,151,797	0.011152	2,045,607	22,813	66.00
66.01	06601 CLINICAL NUTRITION	33,954	381,784	0.088935	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	14,294	6,232,651	0.002293	795,647	1,824	67.00
68.00	06800 SPEECH PATHOLOGY	94,176	7,258,252	0.012975	613,304	7,958	68.00
69.00	06900 ELECTROCARDIOLOGY	802,359	52,658,970	0.015237	4,883,492	74,410	69.00
69.01	06901 CARDIAC REHAB	96,589	864,501	0.111728	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	77,433	4,677,349	0.016555	214,661	3,554	70.00
70.01	03320 ELECTROSHOCK THERAPY	56,317	640,510	0.087925	7,605	669	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,425,665	48,237,497	0.029555	6,309,660	186,482	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	663,485	26,365,008	0.025165	3,122,478	78,577	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,663,055	248,702,713	0.006687	16,473,413	110,158	73.00
74.00	07400 RENAL DIALYSIS	80,075	10,001,224	0.008007	2,835,222	22,702	74.00
76.00	03330 ENDOSCOPY	808,238	23,034,026	0.035089	1,026,497	36,019	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,338,828	41,170,451	0.081098	1,220	99	90.00
91.00	09100 EMERGENCY	1,465,936	133,246,602	0.011002	4,896,330	53,869	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	663,686	40,812,454	0.016262	1,439,734	23,413	92.00
200.00	Total (lines 50-199)	26,229,115	1,537,438,196		111,122,229	1,648,872	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/23/2017 2:47 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)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	606,030	0	0	606,030	30.00
31.00	03100	INTENSIVE CARE UNIT	0	294,436	0	0	294,436	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	24,532	0	0	24,532	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	924,998	0	0	924,998	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	81,958	7.39	15,246	112,668		30.00
31.00	03100	INTENSIVE CARE UNIT	19,502	15.10	5,312	80,211		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,349	0.00	21	0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	34,551	0.00	0	0		31.02
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
40.00	04000	SUBPROVIDER - IPF	15,157	1.62	7,588	12,293		40.00
43.00	04300	NURSERY	6,514	0.00	0	0		43.00
200.00		Total (lines 30-199)	162,031		28,167	205,172		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 2:47 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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	CLINICAL NUTRITION	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
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
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	40,886	0	40,886	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	67,046	0	67,046	92.00
200.00		Total (lines 50-199)	0	0	107,932	0	107,932	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 2:47 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)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	138,768,304	0.000000	0.000000	14,035,925	50.00
51.00	05100	RECOVERY ROOM	0	23,165,356	0.000000	0.000000	1,004,946	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	41,447,889	0.000000	0.000000	287,982	52.00
53.00	05300	ANESTHESIOLOGY	0	45,826,861	0.000000	0.000000	2,309,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	90,506,530	0.000000	0.000000	3,846,042	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	40,955,096	0.000000	0.000000	348,208	55.00
56.00	05600	RADIOISOTOPE	0	5,357,180	0.000000	0.000000	459,618	56.00
57.00	05700	CT SCAN	0	78,376,209	0.000000	0.000000	7,561,602	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	33,570,528	0.000000	0.000000	1,774,638	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	43,532,386	0.000000	0.000000	3,146,829	59.00
60.00	06000	LABORATORY	0	226,573,070	0.000000	0.000000	23,144,951	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	23,092,660	0.000000	0.000000	2,022,879	62.00
64.00	06400	INTRAVENOUS THERAPY	0	13,619,093	0.000000	0.000000	11,701	64.00
65.00	06500	RESPIRATORY THERAPY	0	77,211,245	0.000000	0.000000	6,502,842	65.00
66.00	06600	PHYSICAL THERAPY	0	11,151,797	0.000000	0.000000	2,045,607	66.00
66.01	06601	CLINICAL NUTRITION	0	381,784	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	6,232,651	0.000000	0.000000	795,647	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,258,252	0.000000	0.000000	613,304	68.00
69.00	06900	ELECTROCARDIOLOGY	0	52,658,970	0.000000	0.000000	4,883,492	69.00
69.01	06901	CARDIAC REHAB	0	864,501	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,677,349	0.000000	0.000000	214,661	70.00
70.01	03320	ELECTROSHOCK THERAPY	0	640,510	0.000000	0.000000	7,605	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48,237,497	0.000000	0.000000	6,309,660	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	26,365,008	0.000000	0.000000	3,122,478	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	248,702,713	0.000000	0.000000	16,473,413	73.00
74.00	07400	RENAL DIALYSIS	0	10,001,224	0.000000	0.000000	2,835,222	74.00
76.00	03330	ENDOSCOPY	0	23,034,026	0.000000	0.000000	1,026,497	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	40,886	41,170,451	0.000993	0.000993	1,220	90.00
91.00	09100	EMERGENCY	0	133,246,602	0.000000	0.000000	4,896,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	67,046	40,812,454	0.001643	0.001643	1,439,734	92.00
200.00		Total (lines 50-199)	107,932	1,537,438,196			111,122,229	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 2:47 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	20,037,284	0	50.00
51.00	05100 RECOVERY ROOM	0	2,572,853	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,370,883	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	9,338,402	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	14,978,832	0	55.00
56.00	05600 RADIOISOTOPE	0	1,734,493	0	56.00
57.00	05700 CT SCAN	0	8,844,258	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,647,815	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,462,746	0	59.00
60.00	06000 LABORATORY	0	9,740,603	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	325,747	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	659,101	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	518,179	0	65.00
66.00	06600 PHYSICAL THERAPY	0	113,724	0	66.00
66.01	06601 CLINICAL NUTRITION	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	58,459	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	33,252	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,867,179	0	69.00
69.01	06901 CARDIAC REHAB	0	385,436	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	793,775	0	70.00
70.01	03320 ELECTROSHOCK THERAPY	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,731,378	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,414,004	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	20,662,963	0	73.00
74.00	07400 RENAL DIALYSIS	0	421,952	0	74.00
76.00	03330 ENDOSCOPY	0	3,120,378	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1	2,877,725	2,858	90.00
91.00	09100 EMERGENCY	0	9,204,334	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,365	8,212,682	13,493	92.00
200.00	Total (lines 50-199)	2,366	134,128,437	16,351	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 2:47 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	0.201100	20,037,284	0	0	4,029,498	50.00
51.00	05100 RECOVERY ROOM	0.247577	2,572,853	0	0	636,979	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.132799	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.057014	2,370,883	0	0	135,174	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.179270	9,338,402	0	0	1,674,095	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.169771	14,978,832	0	0	2,542,971	55.00
56.00	05600 RADIOISOTOPE	0.339310	1,734,493	0	0	588,531	56.00
57.00	05700 CT SCAN	0.035739	8,844,258	0	0	316,085	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096040	2,647,815	0	0	254,296	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.129861	3,462,746	0	0	449,676	59.00
60.00	06000 LABORATORY	0.112750	9,740,603	3,774	0	1,098,253	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.198482	325,747	0	0	64,655	62.00
64.00	06400 INTRAVENOUS THERAPY	0.438042	659,101	0	0	288,714	64.00
65.00	06500 RESPIRATORY THERAPY	0.182213	518,179	0	0	94,419	65.00
66.00	06600 PHYSICAL THERAPY	0.134438	113,724	0	0	15,289	66.00
66.01	06601 CLINICAL NUTRITION	4.169674	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.121302	58,459	0	0	7,091	67.00
68.00	06800 SPEECH PATHOLOGY	0.198246	33,252	0	0	6,592	68.00
69.00	06900 ELECTROCARDIOLOGY	0.110753	4,867,179	0	0	539,055	69.00
69.01	06901 CARDIAC REHAB	1.338296	385,436	0	0	515,827	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.182582	793,775	0	0	144,929	70.00
70.01	03320 ELECTROSHOCK THERAPY	0.634001	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.971617	3,731,378	0	0	3,625,470	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.830583	2,414,004	0	0	2,005,031	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.247890	20,662,963	47,754	767,197	5,122,142	73.00
74.00	07400 RENAL DIALYSIS	0.282449	421,952	0	0	119,180	74.00
76.00	03330 ENDOSCOPY	0.200760	3,120,378	0	0	626,447	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.575844	2,877,725	0	0	1,657,121	90.00
91.00	09100 EMERGENCY	0.189881	9,204,334	0	0	1,747,728	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.184231	8,212,682	0	0	1,513,031	92.00
200.00	Subtotal (see instructions)		134,128,437	51,528	767,197	29,818,279	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		134,128,437	51,528	767,197	29,818,279	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 2:47 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	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	426	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 CLINICAL NUTRITION	0	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 03320 ELECTROSHOCK THERAPY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	11,838	190,180		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	12,264	190,180		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	12,264	190,180		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 26-0091 Component CCN: 26-S091		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/23/2017 2:47 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	3,890,076	138,768,304	0.028033	3,264	91	50.00
51.00	05100	RECOVERY ROOM	349,973	23,165,356	0.015108	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	721,382	41,447,889	0.017405	1,323	23	52.00
53.00	05300	ANESTHESIOLOGY	448,296	45,826,861	0.009782	52,902	517	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,564,593	90,506,530	0.028336	41,391	1,173	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	523,228	40,955,096	0.012776	530	7	55.00
56.00	05600	RADIOISOTOPE	295,511	5,357,180	0.055162	7,175	396	56.00
57.00	05700	CT SCAN	345,447	78,376,209	0.004408	144,243	636	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,379,793	33,570,528	0.041101	9,922	408	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,446,230	43,532,386	0.033222	0	0	59.00
60.00	06000	LABORATORY	1,508,724	226,573,070	0.006659	939,986	6,259	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	246,823	23,092,660	0.010688	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	335,440	13,619,093	0.024630	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	765,140	77,211,245	0.009910	103,636	1,027	65.00
66.00	06600	PHYSICAL THERAPY	124,369	11,151,797	0.011152	85,268	951	66.00
66.01	06601	CLINICAL NUTRITION	33,954	381,784	0.088935	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	14,294	6,232,651	0.002293	1,495	3	67.00
68.00	06800	SPEECH PATHOLOGY	94,176	7,258,252	0.012975	12,331	160	68.00
69.00	06900	ELECTROCARDIOLOGY	802,359	52,658,970	0.015237	55,316	843	69.00
69.01	06901	CARDIAC REHAB	96,589	864,501	0.111728	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	77,433	4,677,349	0.016555	3,057	51	70.00
70.01	03320	ELECTROSHOCK THERAPY	56,317	640,510	0.087925	179,985	15,825	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,425,665	48,237,497	0.029555	6,804	201	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	663,485	26,365,008	0.025165	724	18	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,663,055	248,702,713	0.006687	1,895,338	12,674	73.00
74.00	07400	RENAL DIALYSIS	80,075	10,001,224	0.008007	37,622	301	74.00
76.00	03330	ENDOSCOPY	808,238	23,034,026	0.035089	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,338,828	41,170,451	0.081098	7,506	609	90.00
91.00	09100	EMERGENCY	1,465,936	133,246,602	0.011002	591,116	6,503	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	40,812,454	0.000000	6,224	0	92.00
200.00		Total (lines 50-199)	25,565,429	1,537,438,196		4,187,158	48,676	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 2:47 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 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	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 CLINICAL NUTRITION	0	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03320 ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
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
76.00	03330 ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	40,886	0	40,886	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	40,886	0	40,886	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 2:47 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	138,768,304	0.000000	0.000000	3,264	50.00
51.00	05100 RECOVERY ROOM	0	23,165,356	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	41,447,889	0.000000	0.000000	1,323	52.00
53.00	05300 ANESTHESIOLOGY	0	45,826,861	0.000000	0.000000	52,902	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	90,506,530	0.000000	0.000000	41,391	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	40,955,096	0.000000	0.000000	530	55.00
56.00	05600 RADIOISOTOPE	0	5,357,180	0.000000	0.000000	7,175	56.00
57.00	05700 CT SCAN	0	78,376,209	0.000000	0.000000	144,243	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	33,570,528	0.000000	0.000000	9,922	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	43,532,386	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	226,573,070	0.000000	0.000000	939,986	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	23,092,660	0.000000	0.000000	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	13,619,093	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	77,211,245	0.000000	0.000000	103,636	65.00
66.00	06600 PHYSICAL THERAPY	0	11,151,797	0.000000	0.000000	85,268	66.00
66.01	06601 CLINICAL NUTRITION	0	381,784	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	6,232,651	0.000000	0.000000	1,495	67.00
68.00	06800 SPEECH PATHOLOGY	0	7,258,252	0.000000	0.000000	12,331	68.00
69.00	06900 ELECTROCARDIOLOGY	0	52,658,970	0.000000	0.000000	55,316	69.00
69.01	06901 CARDIAC REHAB	0	864,501	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,677,349	0.000000	0.000000	3,057	70.00
70.01	03320 ELECTROSHOCK THERAPY	0	640,510	0.000000	0.000000	179,985	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48,237,497	0.000000	0.000000	6,804	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	26,365,008	0.000000	0.000000	724	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	248,702,713	0.000000	0.000000	1,895,338	73.00
74.00	07400 RENAL DIALYSIS	0	10,001,224	0.000000	0.000000	37,622	74.00
76.00	03330 ENDOSCOPY	0	23,034,026	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	40,886	41,170,451	0.000993	0.000993	7,506	90.00
91.00	09100 EMERGENCY	0	133,246,602	0.000000	0.000000	591,116	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	40,812,454	0.000000	0.000000	6,224	92.00
200.00	Total (lines 50-199)	40,886	1,537,438,196			4,187,158	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 2:47 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		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	53,450	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,387	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	738	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	3,282	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	36	0	59.00
60.00	06000 LABORATORY	0	10,300	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 CLINICAL NUTRITION	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,132	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03320 ELECTROSHOCK THERAPY	0	181,675	0	70.01
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	29,589	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	7	4,437,566	4,407	90.00
91.00	09100 EMERGENCY	0	1,918	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	7	4,723,073	4,407	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 2:47 pm
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.201100	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.247577	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.132799	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.057014	53,450	0	0	3,047	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.179270	1,387	0	0	249	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.169771	738	0	0	125	55.00
56.00 05600 RADIOISOTOPE	0.339310	0	0	0	0	56.00
57.00 05700 CT SCAN	0.035739	3,282	0	0	117	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096040	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.129861	36	0	0	5	59.00
60.00 06000 LABORATORY	0.112750	10,300	0	0	1,161	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.198482	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.438042	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.182213	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.134438	0	0	0	0	66.00
66.01 06601 CLINICAL NUTRITION	4.169674	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0.121302	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.198246	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.110753	3,132	0	0	347	69.00
69.01 06901 CARDIAC REHAB	1.338296	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.182582	0	0	0	0	70.00
70.01 03320 ELECTROSHOCK THERAPY	0.634001	181,675	0	0	115,182	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.971617	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.830583	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.247890	29,589	0	0	7,335	73.00
74.00 07400 RENAL DIALYSIS	0.282449	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0.200760	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.575844	4,437,566	0	0	2,555,346	90.00
91.00 09100 EMERGENCY	0.189881	1,918	0	0	364	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.184231	0	0	0	0	92.00
200.00	Subtotal (see instructions)	4,723,073	0	0	2,683,278	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)	4,723,073	0	0	2,683,278	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 2:47 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 CLINICAL NUTRITION	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 03320 ELECTROSHOCK THERAPY	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (Line 200 +/- Line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 2:47 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	0.201100	0	3,705,385	0	0	50.00
51.00	05100 RECOVERY ROOM	0.247577	0	839,423	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.132799	0	1,524,878	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.057014	0	1,334,969	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.179270	0	4,794,566	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.169771	0	2,023,088	0	0	55.00
56.00	05600 RADIOISOTOPE	0.339310	0	328,354	0	0	56.00
57.00	05700 CT SCAN	0.035739	0	4,390,077	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096040	0	1,716,649	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.129861	0	1,745,650	0	0	59.00
60.00	06000 LABORATORY	0.112750	0	9,950,231	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.198482	0	661,843	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.438042	0	1,184,056	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.182213	0	1,203,942	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.134438	0	74,221	0	0	66.00
66.01	06601 CLINICAL NUTRITION	4.169674	0	23,429	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.121302	0	42,798	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.198246	0	176,132	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.110753	0	1,951,150	0	0	69.00
69.01	06901 CARDIAC REHAB	1.338296	0	91,762	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.182582	0	208,737	0	0	70.00
70.01	03320 ELECTROSHOCK THERAPY	0.634001	0	21,970	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.971617	0	737,564	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.830583	0	849,610	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.247890	0	13,650,553	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.282449	0	71,281	0	0	74.00
76.00	03330 ENDOSCOPY	0.200760	0	897,491	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.575844	0	1,739,351	0	0	90.00
91.00	09100 EMERGENCY	0.189881	0	10,516,903	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.184231	0	2,060,430	0	0	92.00
200.00	Subtotal (see instructions)		0	68,516,493	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	68,516,493	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 2:47 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	745,153	0		50.00
51.00 05100 RECOVERY ROOM	207,822	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	202,502	0		52.00
53.00 05300 ANESTHESIOLOGY	76,112	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	859,522	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	343,462	0		55.00
56.00 05600 RADIOISOTOPE	111,414	0		56.00
57.00 05700 CT SCAN	156,897	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	164,867	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	226,692	0		59.00
60.00 06000 LABORATORY	1,121,889	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	131,364	0		62.00
64.00 06400 INTRAVENOUS THERAPY	518,666	0		64.00
65.00 06500 RESPIRATORY THERAPY	219,374	0		65.00
66.00 06600 PHYSICAL THERAPY	9,978	0		66.00
66.01 06601 CLINICAL NUTRITION	97,691	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	5,191	0		67.00
68.00 06800 SPEECH PATHOLOGY	34,917	0		68.00
69.00 06900 ELECTROCARDIOLOGY	216,096	0		69.00
69.01 06901 CARDIAC REHAB	122,805	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	38,112	0		70.00
70.01 03320 ELECTROSHOCK THERAPY	13,929	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	716,630	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	705,672	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,383,836	0		73.00
74.00 07400 RENAL DIALYSIS	20,133	0		74.00
76.00 03330 ENDOSCOPY	180,180	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	1,001,595	0		90.00
91.00 09100 EMERGENCY	1,996,960	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	379,595	0		92.00
200.00	Subtotal (see instructions)	14,009,056	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	14,009,056	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 2:47 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)		81,958	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		81,958	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.		69,023	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,868	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)		15,246	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)		14,448	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)		67,964,127	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)		67,964,127	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		213,786,434	28.00
29.00	Private room charges (excluding swing-bed charges)		208,710,357	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,076,077	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.317907	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		3,023.78	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,312.33	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		1,711.45	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		544.08	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		37,554,034	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		30,410,093	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)		829.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,642,898	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)		12,642,898	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,176,830	19,502	932.05	5,312	4,951,050	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	10,652,877	4,349	2,449.50	21	51,440	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	31,776,799	34,551	919.71	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)					25,288,108	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,933,496	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,548,319	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,651,238	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,199,557	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,733,939	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)					9,067	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					829.26	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,518,900	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/23/2017 2:47 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	5,999,140	67,964,127	0.088269	7,518,900	663,686	90.00
91.00	Nursing School cost	0	67,964,127	0.000000	7,518,900	0	91.00
92.00	Allied health cost	606,030	67,964,127	0.008917	7,518,900	67,046	92.00
93.00	All other Medical Education	0	67,964,127	0.000000	7,518,900	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 2:47 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)		15,157	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,157	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.		828	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		14,329	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)		7,588	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)		11,833,286	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)		11,833,286	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		25,831,091	28.00
29.00	Private room charges (excluding swing-bed charges)		1,411,656	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		24,419,435	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.458102	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,704.90	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,704.20	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.70	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.32	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		265	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,833,021	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)		780.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,924,027	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)		5,924,027	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1	
				Component CCN: 26-S091		Date/Time Prepared: 5/23/2017 2:47 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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.01
43.02 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	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)					885,092		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,809,119		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)					293,428		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					48,683		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					342,111		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,467,008		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: 26-0091 Component CCN: 26-S091		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/23/2017 2:47 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	561,631	11,833,286	0.047462	0	0	90.00
91.00	Nursing School cost	0	11,833,286	0.000000	0	0	91.00
92.00	Allied health cost	24,532	11,833,286	0.002073	0	0	92.00
93.00	All other Medical Education	0	11,833,286	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 2:47 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)			81,958 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			81,958 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.			69,023 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,868 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)			10,015 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)			6,514 15.00
16.00	Nursery days (title V or XIX only)			605 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)			67,918,836 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)			67,918,836 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			213,786,434 28.00
29.00	Private room charges (excluding swing-bed charges)			208,710,357 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			5,076,077 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.317695 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			3,023.78 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,312.33 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			1,711.45 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			543.72 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			37,529,186 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			30,389,650 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)			370.80 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,713,562 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)			3,713,562 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 2:47 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	3,123,913	6,514	479.57	605	290,140	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,176,830	19,502	932.05	2,925	2,726,246	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	10,652,877	4,349	2,449.50	534	1,308,033	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	31,776,799	34,551	919.71	4,369	4,018,213	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)					18,481,807	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,538,001	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)					9,067	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					828.70	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,513,823	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/23/2017 2:47 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	5,999,140	67,918,836	0.088328	7,513,823	663,681	90.00
91.00	Nursing School cost	0	67,918,836	0.000000	7,513,823	0	91.00
92.00	Allied health cost	0	67,918,836	0.000000	7,513,823	0	92.00
93.00	All other Medical Education	0	67,918,836	0.000000	7,513,823	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 2:47 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)			15,157 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			15,157 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.			828 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			14,329 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)			4,222 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)			6,514 15.00
16.00	Nursery days (title V or XIX only)			605 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)			11,833,286 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)			11,833,286 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			25,831,091 28.00
29.00	Private room charges (excluding swing-bed charges)			1,411,656 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			24,419,435 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.458102 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,704.90 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,704.20 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.70 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.32 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			265 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			11,833,021 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)			780.70 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,296,115 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)			3,296,115 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1	
				Component CCN: 26-S091	Date/Time Prepared: 5/23/2017 2:47 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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.01
43.02 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	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)					540,775	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,836,890	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: 26-0091 Component CCN: 26-S091		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/23/2017 2:47 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	561,631	11,833,286	0.047462	0	0	90.00
91.00	Nursing School cost	0	11,833,286	0.000000	0	0	91.00
92.00	Allied health cost	0	11,833,286	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,833,286	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/23/2017 2:47 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		32,100,588	30.00
31.00	03100	INTENSIVE CARE UNIT		17,590,176	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		115,815	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201179	14,035,925	50.00
51.00	05100	RECOVERY ROOM	0.247577	1,004,946	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.132799	287,982	52.00
53.00	05300	ANESTHESIOLOGY	0.057692	2,309,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.179270	3,846,042	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.169771	348,208	55.00
56.00	05600	RADIOISOTOPE	0.339310	459,618	56.00
57.00	05700	CT SCAN	0.035739	7,561,602	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.096040	1,774,638	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129896	3,146,829	59.00
60.00	06000	LABORATORY	0.112750	23,144,951	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.198482	2,022,879	62.00
64.00	06400	INTRAVENOUS THERAPY	0.438042	11,701	64.00
65.00	06500	RESPIRATORY THERAPY	0.182319	6,502,842	65.00
66.00	06600	PHYSICAL THERAPY	0.134438	2,045,607	66.00
66.01	06601	CLINICAL NUTRITION	4.169674	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.121302	795,647	67.00
68.00	06800	SPEECH PATHOLOGY	0.198246	613,304	68.00
69.00	06900	ELECTROCARDIOLOGY	0.110758	4,883,492	69.00
69.01	06901	CARDIAC REHAB	1.356753	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182582	214,661	70.00
70.01	03320	ELECTROSHOCK THERAPY	0.634001	7,605	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.971617	6,309,660	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.830583	3,122,478	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247890	16,473,413	73.00
74.00	07400	RENAL DIALYSIS	0.282449	2,835,222	74.00
76.00	03330	ENDOSCOPY	0.200855	1,026,497	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.576744	1,220	90.00
91.00	09100	EMERGENCY	0.189881	4,896,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.184231	1,439,734	92.00
200.00		Total (sum of lines 50-94 and 96-98)		111,122,229	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)		111,122,229	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/23/2017 2:47 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
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		0		31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		12,922,679		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.201179	3,264	657	50.00
51.00	05100 RECOVERY ROOM	0.247577	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.132799	1,323	176	52.00
53.00	05300 ANESTHESIOLOGY	0.057692	52,902	3,052	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.179270	41,391	7,420	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.169771	530	90	55.00
56.00	05600 RADIOISOTOPE	0.339310	7,175	2,435	56.00
57.00	05700 CT SCAN	0.035739	144,243	5,155	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096040	9,922	953	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.129896	0	0	59.00
60.00	06000 LABORATORY	0.112750	939,986	105,983	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.198482	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.438042	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.182319	103,636	18,895	65.00
66.00	06600 PHYSICAL THERAPY	0.134438	85,268	11,463	66.00
66.01	06601 CLINICAL NUTRITION	4.169674	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.121302	1,495	181	67.00
68.00	06800 SPEECH PATHOLOGY	0.198246	12,331	2,445	68.00
69.00	06900 ELECTROCARDIOLOGY	0.110758	55,316	6,127	69.00
69.01	06901 CARDIAC REHAB	1.356753	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.182582	3,057	558	70.00
70.01	03320 ELECTROSHOCK THERAPY	0.634001	179,985	114,111	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.971617	6,804	6,611	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.830583	724	601	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.247890	1,895,338	469,835	73.00
74.00	07400 RENAL DIALYSIS	0.282449	37,622	10,626	74.00
76.00	03330 ENDOSCOPY	0.200855	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.576744	7,506	4,329	90.00
91.00	09100 EMERGENCY	0.189881	591,116	112,242	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.184231	6,224	1,147	92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,187,158	885,092	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)		4,187,158		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/23/2017 2:47 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		24,849,512	30.00
31.00	03100	INTENSIVE CARE UNIT		7,580,025	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		3,210,072	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		19,921,661	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		768,462	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201100	6,725,349	1,352,468 50.00
51.00	05100	RECOVERY ROOM	0.247577	552,292	136,735 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.132799	102,928	13,669 52.00
53.00	05300	ANESTHESIOLOGY	0.057014	2,026,266	115,526 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.179270	3,620,926	649,123 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.169771	109,600	18,607 55.00
56.00	05600	RADIOISOTOPE	0.339310	303,966	103,139 56.00
57.00	05700	CT SCAN	0.035739	4,304,677	153,845 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.096040	1,408,983	135,319 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129861	1,888,586	245,254 59.00
60.00	06000	LABORATORY	0.112750	18,027,182	2,032,565 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.198482	2,345,503	465,540 62.00
64.00	06400	INTRAVENOUS THERAPY	0.438042	129,308	56,642 64.00
65.00	06500	RESPIRATORY THERAPY	0.182213	8,564,013	1,560,475 65.00
66.00	06600	PHYSICAL THERAPY	0.134438	981,087	131,895 66.00
66.01	06601	CLINICAL NUTRITION	4.169674	468	1,951 66.01
67.00	06700	OCCUPATIONAL THERAPY	0.121302	586,440	71,136 67.00
68.00	06800	SPEECH PATHOLOGY	0.198246	367,399	72,835 68.00
69.00	06900	ELECTROCARDIOLOGY	0.110753	2,614,114	289,521 69.00
69.01	06901	CARDIAC REHAB	1.338296	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182582	177,720	32,448 70.00
70.01	03320	ELECTROSHOCK THERAPY	0.634001	845	536 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.971617	5,210,793	5,062,895 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.830583	1,182,993	982,574 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247890	11,785,601	2,921,533 73.00
74.00	07400	RENAL DIALYSIS	0.282449	697,428	196,988 74.00
76.00	03330	ENDOSCOPY	0.200760	497,359	99,850 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.575844	8,382	4,827 90.00
91.00	09100	EMERGENCY	0.189881	7,934,197	1,506,553 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.184231	365,618	67,358 92.00
200.00		Total (sum of lines 50-94 and 96-98)		82,520,023	18,481,807 200.00
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)		82,520,023	18,481,807 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/23/2017 2:47 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
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		0	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		0	31.02
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		7,228,361	40.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.201100	14,832	2,983 50.00
51.00	05100 RECOVERY ROOM	0.247577	1,258	311 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.132799	5,781	768 52.00
53.00	05300 ANESTHESIOLOGY	0.057014	21,248	1,211 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.179270	44,667	8,007 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.169771	0	0 55.00
56.00	05600 RADIOISOTOPE	0.339310	4,669	1,584 56.00
57.00	05700 CT SCAN	0.035739	96,186	3,438 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.096040	3,053	293 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.129861	15,124	1,964 59.00
60.00	06000 LABORATORY	0.112750	999,695	112,716 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.198482	19,372	3,845 62.00
64.00	06400 INTRAVENOUS THERAPY	0.438042	1,775	778 64.00
65.00	06500 RESPIRATORY THERAPY	0.182213	37,451	6,824 65.00
66.00	06600 PHYSICAL THERAPY	0.134438	17,021	2,288 66.00
66.01	06601 CLINICAL NUTRITION	4.169674	0	0 66.01
67.00	06700 OCCUPATIONAL THERAPY	0.121302	5,360	650 67.00
68.00	06800 SPEECH PATHOLOGY	0.198246	9,897	1,962 68.00
69.00	06900 ELECTROCARDIOLOGY	0.110753	45,157	5,001 69.00
69.01	06901 CARDIAC REHAB	1.338296	0	0 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.182582	2,038	372 70.00
70.01	03320 ELECTROSHOCK THERAPY	0.634001	58,305	36,965 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.971617	18,740	18,208 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.830583	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.247890	840,176	208,271 73.00
74.00	07400 RENAL DIALYSIS	0.282449	0	0 74.00
76.00	03330 ENDOSCOPY	0.200760	6,640	1,333 76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.575844	0	0 90.00
91.00	09100 EMERGENCY	0.189881	627,067	119,068 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.184231	10,504	1,935 92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,906,016	540,775 200.00
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)		2,906,016	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 26-0091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/23/2017 2:47 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Kidney Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	829.26	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	22,039	932.05	9	8,388	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	2,449.50	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	919.71	0	0	2.02
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		22,039		9	8,388	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.201100	25,654	5,159	8.00	
9.00	RECOVERY ROOM	51.00	0.247577	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.132799	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.057014	4,171	238	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.179270	8,513	1,526	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.169771	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.339310	0	0	14.00	
15.00	CT SCAN	57.00	0.035739	4,651	166	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.096040	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.129861	0	0	17.00	
18.00	LABORATORY	60.00	0.112750	119,389	13,461	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.198482	1,323	263	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.438042	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.182213	11,376	2,073	23.00	
24.00	PHYSICAL THERAPY	66.00	0.134438	0	0	24.00	
24.01	CLINICAL NUTRITION	66.01	4.169674	0	0	24.01	
25.00	OCCUPATIONAL THERAPY	67.00	0.121302	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.198246	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.110753	3,521	390	27.00	
27.01	CARDIAC REHAB	69.01	1.338296	0	0	27.01	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.182582	0	0	28.00	
28.01	ELECTROSHOCK THERAPY	70.01	0.634001	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.971617	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.830583	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.247890	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.282449	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	ENDOSCOPY	76.00	0.200760	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.575844	0	0	37.00	
38.00	EMERGENCY	91.00	0.189881	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.184231	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			178,598	23,276	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 26-0091

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

Worksheet D-4

Date/Time Prepared: 5/23/2017 2:47 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	9		0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0		0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0		0	43.02
44.00	CORONARY CARE UNIT	4.00	0.00	0		0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0		0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0		0	47.00
48.00	TOTAL (sum of lines 42 through 47)			9		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00	CLINIC	23.00	0	0.000000		0	51.00
52.00	EMERGENCY	24.00	0	0.000000		0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000		0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000		0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0			0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	31,664		200,637			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	499,948		519,699			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	531,612		720,336			61.00
62.00	Total Usable Organs (see instructions)		26				62.00
63.00	Medicare Usable Organs (see instructions)		20				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.769231				64.00
65.00	Medicare Cost/Charges (see instructions)	408,932		554,105			65.00
66.00	Revenue for Organs Sold	65,446		65,446			66.00
67.00	Subtotal (line 65 minus line 66)	343,486		488,659			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	343,486	0	488,659	0	0	69.00
Cost Center Description			Li vi ng Related	Cadaveri c	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		2	18			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	6			73.00
74.00	Total (sum of lines 70 thru 73)		2	24			74.00
75.00	Organs Transplanted		2	6	1,181,627		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	18	65,446		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		2	24			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 26-0091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/23/2017 2:47 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	829.26	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	10,308	932.05	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	2,449.50	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	919.71	0	0	2.02
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		10,308		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.201100	12,827	2,580	8.00	
9.00	RECOVERY ROOM	51.00	0.247577	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.132799	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.057014	3,194	182	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.179270	4,102	735	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.169771	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.339310	0	0	14.00	
15.00	CT SCAN	57.00	0.035739	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.096040	3,576	343	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.129861	0	0	17.00	
18.00	LABORATORY	60.00	0.112750	34,027	3,837	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.198482	1,323	263	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.438042	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.182213	5,587	1,018	23.00	
24.00	PHYSICAL THERAPY	66.00	0.134438	0	0	24.00	
24.01	CLINICAL NUTRITION	66.01	4.169674	0	0	24.01	
25.00	OCCUPATIONAL THERAPY	67.00	0.121302	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.198246	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.110753	13,083	1,449	27.00	
27.01	CARDIAC REHAB	69.01	1.338296	0	0	27.01	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.182582	0	0	28.00	
28.01	ELECTROSHOCK THERAPY	70.01	0.634001	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.971617	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.830583	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.247890	189	47	31.00	
32.00	RENAL DIALYSIS	74.00	0.282449	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	ENDOSCOPY	76.00	0.200760	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.575844	0	0	37.00	
38.00	EMERGENCY	91.00	0.189881	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.184231	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			77,908	10,454	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 26-0091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/23/2017 2:47 pm

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Organ Acquisition	Organ Acquisition
		0	1.00	2.00		3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0		0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0		0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0		0	43.02
44.00	CORONARY CARE UNIT	4.00	0.00	0		0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0		0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0		0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition	Organ Acquisition	Organ Acquisition
		0	1.00	2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00	CLINIC	23.00	0	0.000000		0	51.00
52.00	EMERGENCY	24.00	0	0.000000		0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000		0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000		0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0			0	55.00
Cost Center Description		Part A	Part B	Part A	Part B	Part A	Part B
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	10,454		88,216			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	261,871		271,327			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	272,325		359,543			61.00
62.00	Total Usable Organs (see instructions)		11				62.00
63.00	Medicare Usable Organs (see instructions)		8				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.727273				64.00
65.00	Medicare Cost/Charges (see instructions)	198,055		261,486			65.00
66.00	Revenue for Organs Sold	34,277		34,277			66.00
67.00	Subtotal (line 65 minus line 66)	163,778		227,209			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	163,778	0	227,209	0		69.00
Cost Center Description		Living Related	Cadaveric	Revenue	Revenue	Revenue	Revenue
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	8			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	3			73.00
74.00	Total (sum of lines 70 thru 73)		0	11			74.00
75.00	Organs Transplanted		0	3	2,722,739		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	8	34,277		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	11			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 26-0091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/23/2017 2:47 pm

Cost Center Description		Heart	Hospital	PPS			
Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)			
0	1.00	2.00	3.00	4.00			
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	829.26	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	3,728	932.05	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	2,449.50	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	919.71	0	0	2.02
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		3,728		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.201100	3,129	629	8.00	
9.00	RECOVERY ROOM	51.00	0.247577	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.132799	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.057014	1,624	93	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.179270	0	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.169771	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.339310	0	0	14.00	
15.00	CT SCAN	57.00	0.035739	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.096040	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.129861	0	0	17.00	
18.00	LABORATORY	60.00	0.112750	39,321	4,433	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.198482	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.438042	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.182213	1,383	252	23.00	
24.00	PHYSICAL THERAPY	66.00	0.134438	0	0	24.00	
24.01	CLINICAL NUTRITION	66.01	4.169674	0	0	24.01	
25.00	OCCUPATIONAL THERAPY	67.00	0.121302	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.198246	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.110753	11,897	1,318	27.00	
27.01	CARDIAC REHAB	69.01	1.338296	0	0	27.01	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.182582	0	0	28.00	
28.01	ELECTROSHOCK THERAPY	70.01	0.634001	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.971617	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.830583	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.247890	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.282449	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	ENDOSCOPY	76.00	0.200760	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.575844	0	0	37.00	
38.00	EMERGENCY	91.00	0.189881	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.184231	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			57,354	6,725	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 26-0091

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

Worksheet D-4

Date/Time Prepared: 5/23/2017 2:47 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0		0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0		0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0		0	43.02
44.00	CORONARY CARE UNIT	4.00	0.00	0		0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0		0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0		0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00	CLINIC	23.00	0	0.000000		0	51.00
52.00	EMERGENCY	24.00	0	0.000000		0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000		0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000		0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0			0	55.00
Cost Center Description		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	6,725		61,082			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	552,782		575,197			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	559,507		636,279			61.00
62.00	Total Usable Organs (see instructions)		9				62.00
63.00	Medicare Usable Organs (see instructions)		5				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.555556				64.00
65.00	Medicare Cost/Charges (see instructions)	310,837		353,489			65.00
66.00	Revenue for Organs Sold	20,634		20,634			66.00
67.00	Subtotal (line 65 minus line 66)	290,203		332,855			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	290,203	0	332,855	0		69.00
Cost Center Description		Living Related	Cadaveric	Revenue			
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	5			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	4			73.00
74.00	Total (sum of lines 70 thru 73)		0	9			74.00
75.00	Organs Transplanted		0	4	2,197,178		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	5	20,634		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	9			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 2:47 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		25,989,766	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,215,816	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)		847,561	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		19,146,061	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		540.23	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)		141.25	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		31.00	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)		172.25	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		190.77	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		172.25	12.00
13.00	Total allowable FTE count for the prior year.		172.25	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.		172.25	14.00
15.00	Sum of lines 12 through 14 divided by 3.		172.25	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		172.25	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.318846	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.342350	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.318846	21.00
22.00	IME payment adjustment (see instructions)		5,477,135	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,065,744	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).		1.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		18.52	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)		1.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.001851	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000494	27.00
28.00	IME add-on adjustment amount (see instructions)		16,898	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		9,458	28.01
29.00	Total IME payment (sum of lines 22 and 28)		5,494,033	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,075,202	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		52.28	31.00
32.00	Sum of lines 30 and 31		61.28	32.00
33.00	Allowable disproportionate share percentage (see instructions)		39.77	33.00
34.00	Disproportionate share adjustment (see instructions)		3,400,891	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 2:47 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)		0.002026401	0.001951055	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		12,981,420	11,662,400	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		9,718,332	2,939,566	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		12,657,898		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)		56,605,965		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)			59,681,167	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,547,714	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).			2,743,685	52.00
53.00	Nursing and Allied Health Managed Care payment			75,863	53.00
54.00	Special add-on payments for new technologies			3,756	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			797,467	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).			192,879	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			2,366	58.00
59.00	Total (sum of amounts on lines 49 through 58)			67,044,897	59.00
60.00	Primary payer payments			41,668	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			67,003,229	61.00
62.00	Deductibles billed to program beneficiaries			3,369,660	62.00
63.00	Coinurance billed to program beneficiaries			215,705	63.00
64.00	Allowable bad debts (see instructions)			1,637,682	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,064,493	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,265,188	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			64,482,357	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)			-27,990	70.93
70.94	HRR adjustment amount (see instructions)			-123,423	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 2:47 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			64,330,944	71.00
71.01	Sequestration adjustment (see instructions)			1,286,619	71.01
72.00	Interim payments			61,331,577	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)			1,712,748	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0091

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2017 2:47 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	25,989,766	0	25,989,766		25,989,766	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,215,816	0		8,215,816	8,215,816	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	847,561	0	740,634	106,927	847,561	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	19,146,061	0	0	19,146,061	19,146,061	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.318846	0.318846	0.318846	0.318846		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,477,135	0	4,161,586	1,315,549	5,477,135	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,065,744	0	3,065,744	0	3,065,744	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	0.000494	0.000494	0.000494	0.000494		7.00
8.00	IME adjustment (see instructions)	28.00	16,898	0	12,839	4,059	16,898	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	9,458	0	0	9,458	9,458	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,494,033	0	4,174,425	1,319,608	5,494,033	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,075,202	0	3,065,744	9,458	3,075,202	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3977	0.3977	0.3977	0.3977		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,400,891	0	2,584,033	816,858	3,400,891	11.00
11.01	Uncompensated care payments	36.00	12,657,898	0	9,718,332	2,939,566	12,657,898	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	56,605,965	0	43,207,190	13,398,775	56,605,965	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	59,681,167	0	46,272,934	13,408,233	59,681,167	15.00
16.00	Payment for inpatient program capital	50.00	3,547,714	0	-847,987	4,395,701	3,547,714	16.00
17.00	Special add-on payments for new technologies	54.00	3,756	0	3,756	0	3,756	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	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: 26-0091

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2017 2:47 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	45,428,703	17,803,934	63,232,637	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	2,728,211	0	-659,268	3,387,479	2,728,211	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	73,337	0	-8,410	81,747	73,337	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	0.1414	0.1414	0.1414	0.1414		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	385,769	0	-93,220	478,989	385,769	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1321	0.1321	0.1321	0.1321		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	360,397	0	-87,089	447,486	360,397	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,547,714	0	-847,987	4,395,701	3,547,714	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.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0091		Period: From 01/01/2016 To 12/31/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2017 2:47 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (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	25,989,766	25,989,766		25,989,766	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,215,816		8,215,816	8,215,816	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	847,561	740,634	106,927	847,561	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	19,146,061	0	19,146,061	19,146,061	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.318846	0.318846	0.318846		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,477,135	4,161,586	1,315,549	5,477,135	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,065,744	0	3,065,744	3,065,744	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	0.000494	0.000494	0.000494		7.00
8.00	IME adjustment (see instructions)	28.00	16,898	12,839	4,059	16,898	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	9,458	0	9,458	9,458	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,494,033	4,174,425	1,319,608	5,494,033	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,075,202	0	3,075,202	3,075,202	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3977	0.3977	0.3977		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,400,891	2,584,033	816,858	3,400,891	11.00
11.01	Uncompensated care payments	36.00	12,657,898	9,718,332	2,939,566	12,657,898	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	56,605,965	43,207,190	13,398,775	56,605,965	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	59,681,167	43,207,190	16,473,977	59,681,167	15.00
16.00	Payment for inpatient program capital	50.00	3,547,714	-847,987	4,395,701	3,547,714	16.00
17.00	Special add-on payments for new technologies	54.00	3,756	3,756	0	3,756	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			42,362,959	20,869,678	63,232,637	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2017 2:47 pm
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		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	2,728,211	-659,268	3,387,479	2,728,211	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	73,337	-8,410	81,747	73,337	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	0.1414	0.1414	0.1414		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	385,769	-93,220	478,989	385,769	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1321	0.1321	0.1321		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	360,397	-87,089	447,486	360,397	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,547,714	-847,987	4,395,701	3,547,714	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	-27,990	-39,056	11,066	-27,990	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	-123,423	-98,776	-24,647	-123,423	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: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/23/2017 2:47 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		202,444	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,801,928	2.00
3.00	PPS payments		25,098,623	3.00
4.00	Outlier payment (see instructions)		133,427	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		16,351	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		202,444	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		818,725	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)		818,725	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)		818,725	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		616,281	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)		202,444	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)		25,248,401	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,562	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,008,936	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)		20,440,347	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,776,277	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)		22,216,624	30.00
31.00	Primary payer payments		11,405	31.00
32.00	Subtotal (line 30 minus line 31)		22,205,219	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		4,412	33.00
34.00	Allowable bad debts (see instructions)		703,762	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		457,445	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		299,772	36.00
37.00	Subtotal (see instructions)		22,667,076	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-169	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		22,667,245	40.00
40.01	Sequestration adjustment (see instructions)		453,345	40.01
41.00	Interim payments		22,199,872	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		14,028	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0091 Component CCN: 26-S091	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/23/2017 2:47 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			2,678,871 2.00
3.00	PPS payments			1,027,940 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			4,407 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			1,032,347 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			206,274 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)			826,073 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			826,073 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			826,073 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			826,073 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			826,073 40.00
40.01	Sequestration adjustment (see instructions)			16,521 40.01
41.00	Interim payments			805,236 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			4,316 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: 26-0091

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2017 2:47 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		56,615,690		19,963,347	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,775,487		2,177,425	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	12/27/2016	36,100	07/15/2016	59,100	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	07/15/2016	95,700		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)		-59,600		59,100	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)		61,331,577		22,199,872	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		1,712,748		14,028	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		63,044,325		22,213,900	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: 26-0091
Component CCN: 26-S091

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2017 2:47 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					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		5,307,623		805,236	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)		69,656		0	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)		5,377,279		805,236	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		33,334		4,316	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,410,613		809,552	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/23/2017 2:47 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		26,880	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		20,579	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		12,265	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		131,293	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		2,012,928,910	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		44,996,096	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: 26-0091 Component CCN: 26-S091	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/23/2017 2:47 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			6,158,391 1.00
2.00	Net IPF PPS Outlier Payments			5,673 2.00
3.00	Net IPF PPS ECT Payments			65,099 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)			0.82 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)			1.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.82 8.00
9.00	Average Daily Census (see instructions)			41.412568 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.010149 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			62,502 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			6,291,665 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)			6,291,665 16.00
17.00	Primary payer payments			523 17.00
18.00	Subtotal (line 16 less line 17).			6,291,142 18.00
19.00	Deductibles			424,760 19.00
20.00	Subtotal (line 18 minus line 19)			5,866,382 20.00
21.00	Coinsurance			449,456 21.00
22.00	Subtotal (line 20 minus line 21)			5,416,926 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			141,243 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			91,808 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			46,050 25.00
26.00	Subtotal (sum of lines 22 and 24)			5,508,734 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)			12,300 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)			5,521,034 31.00
31.01	Sequestration adjustment (see instructions)			110,421 31.01
32.00	Interim payments			5,377,279 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)			33,334 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			5,673 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/23/2017 2:47 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			141.30	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			0.00	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))			36.50	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)			177.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			191.88	6.00
7.00	Enter the lesser of line 5 or line 6			177.80	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	118.51	60.17	178.68	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.	109.81	55.75	165.56	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	109.81	55.75		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	114.59	56.76		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	115.28	48.20		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	113.23	53.57		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	113.23	53.57		17.00
18.00	Per resident amount	103,174.81	103,174.81		18.00
19.00	Approved amount for resident costs	11,682,484	5,527,075	17,209,559	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)			1.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			14.08	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.93	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			101,941.24	23.00
24.00	Multiply line 22 time line 23			94,805	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			17,304,364	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	28,167	12,265		26.00
27.00	Total Inpatient Days (see instructions)	148,156	148,156		27.00
28.00	Ratio of inpatient days to total inpatient days	0.190117	0.082784		28.00
29.00	Program direct GME amount	3,289,854	1,432,524		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		202,416		30.00
31.00	Net Program direct GME amount			4,519,962	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/23/2017 2:47 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)		10,001,224	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)		49,742,615	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		797,467	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		42,191	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		50,497,891	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		32,704,001	42.00
43.00	Primary payer payments (see instructions)		11,405	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		32,692,596	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		83,190,487	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.607015	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.392985	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,519,962	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,743,685	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,776,277	50.00

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

Provider CCN: 26-0091

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

Worksheet G

Date/Time Prepared:
5/23/2017 2:47 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	130,804,973	0	0	0	1.00
2.00	Temporary investments	8,501,510	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	141,849,112	0	0	0	4.00
5.00	Other receivable	9,695,625	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	9,999,672	0	0	0	7.00
8.00	Prepaid expenses	6,568,399	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)	307,419,291	0	0	0	11.00
FIXED ASSETS						
12.00	Land	18,198,205	0	0	0	12.00
13.00	Land improvements	9,658,534	0	0	0	13.00
14.00	Accumulated depreciation	-8,315,326	0	0	0	14.00
15.00	Buildings	441,056,380	0	0	0	15.00
16.00	Accumulated depreciation	-268,185,899	0	0	0	16.00
17.00	Leasehold improvements	3,438,166	0	0	0	17.00
18.00	Accumulated depreciation	-2,514,142	0	0	0	18.00
19.00	Fixed equipment	49,200,095	0	0	0	19.00
20.00	Accumulated depreciation	-43,718,806	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	176,057,802	0	0	0	23.00
24.00	Accumulated depreciation	-126,527,209	0	0	0	24.00
25.00	Minor equipment depreciable	1,868,482	0	0	0	25.00
26.00	Accumulated depreciation	-123,151	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)	250,093,131	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	85,899,714	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	-27,232,703	0	19,631,033	18,729,251	34.00
35.00	Total other assets (sum of lines 31-34)	58,667,011	0	19,631,033	18,729,251	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	616,179,433	0	19,631,033	18,729,251	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	36,926,860	0	0	0	37.00
38.00	Salaries, wages, and fees payable	20,436,651	0	0	0	38.00
39.00	Payroll taxes payable	1,867,883	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,801,874	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	75,620,424	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	136,653,692	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	37,060,858	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	37,060,858	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	173,714,550	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	442,464,883	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	19,631,033	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	18,729,251	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	442,464,883	0	19,631,033	18,729,251	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	616,179,433	0	19,631,033	18,729,251	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0091

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

Worksheet G-1

Date/Time Prepared:
5/23/2017 2:47 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		397,766,108		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		60,667,945				2.00
3.00	Total (sum of line 1 and line 2)		458,434,053		0		3.00
4.00	ADDITIONS (CREDIT ADJUSTMENTS)	0		0		1,552,967	4.00
5.00	CORPORATE OFFICE	0		0		0	5.00
6.00	GAIN ON INVESTMENTS	0		0		641,846	6.00
7.00	TRANSFER FROM OTHER RELATED ORGANIZA	1,718		0		0	7.00
8.00	TRANSFERS FROM OTHER FUNDS	0		0		0	8.00
9.00	DONATIONS	0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,718		0		10.00
11.00	Subtotal (line 3 plus line 10)		458,435,771		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS)	4,000		0		0	12.00
13.00	CORPORATE OFFICE	15,966,888		0		0	13.00
14.00	LOSS ON INVESTMENTS	0		0		0	14.00
15.00	TRANSFER TO OTHER RELATED ORGANIZATI	0		0		0	15.00
16.00	TRANSFER TO OTHER FUNDS	0		0		0	16.00
17.00	TRANSFER OF DEBT TO CORPORATE OFFICE	0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		15,970,888		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		442,464,883		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	17,436,220		14,974,967			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)	17,436,220		14,974,967			3.00
4.00	ADDITIONS (CREDIT ADJUSTMENTS)		3,754,284				4.00
5.00	CORPORATE OFFICE		0				5.00
6.00	GAIN ON INVESTMENTS		0				6.00
7.00	TRANSFER FROM OTHER RELATED ORGANIZA		0				7.00
8.00	TRANSFERS FROM OTHER FUNDS		0				8.00
9.00	DONATIONS		0				9.00
10.00	Total additions (sum of line 4-9)	2,194,813		3,754,284			10.00
11.00	Subtotal (line 3 plus line 10)	19,631,033		18,729,251			11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS)		0				12.00
13.00	CORPORATE OFFICE		0				13.00
14.00	LOSS ON INVESTMENTS		0				14.00
15.00	TRANSFER TO OTHER RELATED ORGANIZATI		0				15.00
16.00	TRANSFER TO OTHER FUNDS		0				16.00
17.00	TRANSFER OF DEBT TO CORPORATE OFFICE		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)	19,631,033		18,729,251			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0091

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2017 2:47 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	224,000,104		224,000,104	1.00
2.00	SUBPROVIDER - IPF	25,914,538		25,914,538	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	249,914,642		249,914,642	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	50,028,381		50,028,381	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	29,532,323		29,532,323	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	153,830,084		153,830,084	11.02
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	233,390,788		233,390,788	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	483,305,430		483,305,430	17.00
18.00	Ancillary services	594,068,653	757,154,734	1,351,223,387	18.00
19.00	Outpatient services	36,446,355	181,339,866	217,786,221	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE/PROFESSIONAL FEES	6,987,534	29,758,619	36,746,153	27.00
27.01	TRANSPLANTS	904,753	0	904,753	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,121,712,725	968,253,219	2,089,965,944	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		698,625,050		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		698,625,050		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet G-3 Date/Time Prepared: 5/23/2017 2:47 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,089,965,944	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,388,298,002	2.00
3.00	Net patient revenues (line 1 minus line 2)	701,667,942	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	698,625,050	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,042,892	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	12,274,068	6.00
7.00	Income from investments	5,537,553	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	50,951	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	4,183,197	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	15,122,150	17.00
18.00	Revenue from sale of medical records and abstracts	2,631	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,345,735	22.00
23.00	Governmental appropriations	586,979	23.00
24.00	OTHER	18,521,789	24.00
25.00	Total other income (sum of lines 6-24)	57,625,053	25.00
26.00	Total (line 5 plus line 25)	60,667,945	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	60,667,945	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 26-0091
Component CCN: 26-2320

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

Worksheet 1-1
Date/Time Prepared:
5/23/2017 2:47 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	448,198	HOURS OF SERVICE	11,842.35	5.69	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	32,381	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	480,579				9.00
10.00	EMPLOYEE BENEFITS		SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	40,112	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	25,434	REQUISITIONS			14.00
15.00	DRUGS	3,055	REQUISITIONS			15.00
16.00	OTHER	1,399,928	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,949,108				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	11,260	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	6,882	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	118,715	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	627,135	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	45,140	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY	121,374	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	72,839	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,952,453				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	ENDOSCOPY		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,952,453				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part 1, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet 1-2
		Component CCN: 26-2320		Date/Time Prepared: 5/23/2017 2:47 pm
		Renal Dialysis		

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	56,400	46,994	448,198	0	118,715	-3,186	1.00
MAINTENANCE								
2.00	Hemodialysis	20,586	17,153	143,246	0	37,941	-1,018	2.00
3.00	Intermittent Peritoneal	43	36	301	0	80	-2	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	30,953	0	8,198	-220	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	24,800	0	6,569	-176	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	35,771	29,805	248,898	0	65,927	-1,770	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						96,699	14.00
15.00	Other	0	0	0	0	0	0	15.00
16.00	Total (sum of lines 2 through 16)	56,400	46,994	448,198	0	118,715	-3,186	16.00
17.00	Medical Educational Program Costs							17.00
18.00	Total Renal Costs (line 17 + line 18)							18.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	25,434	0	692,555	2,132,283	2,824,838		1.00
MAINTENANCE								
2.00	Hemodialysis	8,129	0	226,037	695,937	921,974		2.00
3.00	Intermittent Peritoneal	17	0	475	1,462	1,937		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	1,757	0	40,688	125,273	165,961		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	1,407	0	32,600	100,371	132,971		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	14,124	0	392,755	1,209,240	1,601,995		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00	Other	0	0	0	0	0		15.00
16.00	Total (sum of lines 2 through 16)	25,434	0	692,555	2,132,283	2,824,838		16.00
17.00	Medical Educational Program Costs					0		17.00
18.00	Total Renal Costs (line 17 + line 18)					2,824,838		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0091
Component CCN: 26-2320

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

Worksheet 1-3
Date/Time Prepared:
5/23/2017 2:47 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	56,400	46,994	448,198	0	118,715	1.00
MAINTENANCE							
2.00	Hemodialysis	21,870	16,612.00	143,246.00	0.00	40,814	2.00
3.00	Intermittent Peritoneal	46	35.00	301.00	0.00	86	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	30,953.00	0.00	8,819	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	24,800.00	0.00	7,066	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	2,485	38,001	28,864.00	248,899.00	0.00	70,918
13.00	Method II Home Patient		0	0.00	0.00	0.00	0
14.00	ESAs						
15.00							
16.00	Other		0	0.00	0.00	0.00	0
17.00	Total Statistical Basis		59,917	45,511.00	448,199.00	0.00	127,703
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		0.941302	1.032586	0.999998	0.000000	0.929618
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	-3,186	25,434	0	692,555	2,132,283	1.00
MAINTENANCE							
2.00	Hemodialysis	976	8,129	0			2.00
3.00	Intermittent Peritoneal	2	17	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	211	1,757	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	169	1,407	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,697	14,124	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	3,055	25,434	0		692,555	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	-1.042881	1.000000	0.000000		3.078864	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 26-0091
Component CCN: 26-2320

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

Worksheet 1-4
Date/Time Prepared:
5/23/2017 2:47 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	1,430	921,974	644.74	783	504,831
2.00	Maintenance - Peritoneal Dialysis	3	1,937	645.67	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	309	165,961	537.09	12	6,445
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks		Patient Weeks		
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	248	132,971	536.17	32	17,157
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	1,742	1,222,843		795	528,433
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	2,486				
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00			
1.00	Maintenance - Hemodialysis	255,354	326.12			1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00
3.00	Training - Hemodialysis	0	0.00			3.00
4.00	Training - Peritoneal Dialysis	0	0.00			4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00			5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00			6.00
7.00	Home Program - Hemodialysis	11,654	971.17			7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00
		6.00	7.00			
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00			9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	22,951	717.22			10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	289,959				11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet 1-5 Date/Time Prepared: 5/23/2017 2:47 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	528,433		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	289,959	262,558	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	289,959	262,558	2.03
2.04	Outlier payments	30,681		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	57,993	52,513	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	57,993	52,513	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	6,788	6,788	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	6,788	6,788	5.05
6.00	Allowable bad debts (see instructions)	4,412		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	3,784		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	45,725	8.00
9.00	Program payment (see instructions)	231,967	210,046	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	4,412		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	1,350,458		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	1,222,843		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.905502		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0091	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/23/2017 2:47 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,728,211	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		73,337	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)		369.63	3.00
4.00	Number of interns & residents (see instructions)		173.25	4.00
5.00	Indirect medical education percentage (see instructions)		14.14	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)		385,769	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		52.28	8.00
9.00	Sum of lines 7 and 8		61.28	9.00
10.00	Allowable disproportionate share percentage (see instructions)		13.21	10.00
11.00	Disproportionate share adjustment (see instructions)		360,397	11.00
12.00	Total prospective capital payments (see instructions)		3,547,714	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