

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: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/22/2017 11:10 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/22/2017	Time: 11:10 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. LOUIS CHILDREN'S HOSPITAL (26-3301) 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	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-345,489	-69,589	0	-8,069,404	1.00
2.00 Subprovider - IPF	0	0	0		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	0		0	6.00
200.00 Total	0	-345,489	-69,589	0	-8,069,404	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: 26-3301		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 10:03 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: ONE CHILDREN'S PLACE			PO Box:				1.00		
2.00	City: ST. LOUIS			State: MO		Zip Code: 63110		County: 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	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		ST. LOUIS CHILDREN'S HOSPITAL	263301	41180	7	07/01/1966	0	T	0
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Sewing Beds - SNF									
8.00	Sewing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis		ST. LOUIS CHILDREN'S HOSPITAL	262309	41180		01/01/1974			
19.00	Other									
							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)						2			21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			0	0	0	0	0	0	0
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0	0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 10:03 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	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)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	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)				Y		63.00
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))				
	1.00	2.00	3.00				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	4.23	75.51	0.053047			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)	PEDIATRICS	2000	1.79	78.29	0.022353	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)	5.58	88.31	0.059431		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)	PEDIATRICS	2000	10.20	77.38	0.116465	
67.01		INTERNAL MEDICINE	1400	0.00	0.84	0.000000	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				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	Y	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	

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		V	XIX				
		1.00	2.00				
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	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	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.					109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00	
					1.00	2.00	3.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	1,716,343	70,500			0118.01	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N			N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	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.	06/30/1977				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.	06/18/2009				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.	06/18/2009				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.	06/18/2009				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-3301		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 10:03 am	
		1.00		2.00			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		269026		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: BJC HEALTHCARE	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 4901 FOREST PARK PARKWAY	PO Box:				142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		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	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER					N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					N	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 10:03 am
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	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: 26-3301		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 10:03 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N					4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				N		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/07/2017	Y	04/07/2017		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: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 10:03 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNIE		SAMPATH	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-6757		AXS9867@BJC.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 10:03 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HFS Supplemental Information		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part IX Date/Time Prepared: 5/22/2017 10:03 am
		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-3301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2017 10:03 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	136	49,776	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)		136	49,776	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	61	22,326	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	83	30,378	0.00	0	12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		280	102,480	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						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)		280			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-3301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2017 10:03 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	213	4,634	39,684			1.00
2.00 HMO and other (see instructions)	0	16,208				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	213	4,634	39,684			7.00
8.00 INTENSIVE CARE UNIT	32	1,963	8,039			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	6,439	30,288			12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	245	13,036	78,011	182.13	3,004.90	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						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)				182.13	3,004.90	27.00
28.00 Observation Bed Days		357	4,240			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-3301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2017 10:03 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	34	1,296	10,541	1.00
2.00 HMO and other (see instructions)				0	2,465		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	34		1,296	10,541	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							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

		Outpatient		Training		Home					
		Regular 1.00	High Flux 2.00	Hemodialysis 3.00	CAPD / CCPD 4.00	Hemodialysis 5.00	CAPD / CCPD 6.00				
1.00	Number of patients in program at end of cost reporting period	0	0	0	0	0	0	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	7.00	2.00			
3.00	Average patient dialysis time including setup	4.20	0.00	0.00	0.00	0.00	0.00	3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	365	0					5.00			
6.00	Number of stations	5	0	0	0			6.00			
7.00	Treatment capacity per day per station	2	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					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 1.00	After 12/31 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						5		11.00		
12.00	Number of patients transplanted during the cost reporting period						9		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 1.00	INITIAL METHOD 2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable						X		21.00		
		ESA Description 1.00	Net Cost of ESAs for Renal Patients 2.00	Net Cost of ESAs for Home Patients 3.00	Number of ESA Units - Renal Dialysis Dept. 4.00	Number of ESA Units - Home Dialysis Dept. 5.00					
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)						0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet S-5 Date/Time Prepared: 5/22/2017 10:03 am
		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)	262309	5,740	23.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 26-3301		Period: From 01/01/2016 To 12/31/2016		Worksheet A	
Date/Time Prepared: 5/22/2017 10:03 am							
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	13,256,388	13,256,388	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	25,785,562	25,785,562	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	235,424	2,783,642	3,019,066	-1,264,160	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	44,768,994	142,589,247	187,358,241	-72,010,523	5.00
6.00	00600	MAINTENANCE & REPAIRS	300,884	957,883	1,258,767	-912,666	6.00
7.00	00700	OPERATION OF PLANT	1,865,206	6,087,410	7,952,616	-1,253,360	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	198,929	198,929	0	8.00
9.00	00900	HOUSEKEEPING	3,324,795	2,351,990	5,676,785	-24,888	9.00
10.00	01000	DIETARY	501,463	237,496	738,959	418,856	10.00
11.00	01100	CAFETERIA	2,256,158	4,697,894	6,954,052	705,317	11.00
13.00	01300	NURSING ADMINISTRATION	6,184,241	6,136,822	12,321,063	-1,546,875	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	4,465,049	14.00
15.00	01500	PHARMACY	0	0	0	9,630,829	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,913,748	1,524,552	3,438,300	-12,240	16.00
17.00	01700	SOCIAL SERVICE	3,236,448	1,747,993	4,984,441	-31,208	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,302,933	2,759,860	12,062,793	48,088,371	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,145,850	14,090,101	40,235,951	-4,888,006	30.00
31.00	03100	INTENSIVE CARE UNIT	10,213,880	4,767,146	14,981,026	-92,435	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	24,355,636	11,167,169	35,522,805	-329,206	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,476,795	24,675,114	33,151,909	-14,728,294	50.00
51.00	05100	RECOVERY ROOM	4,396,377	1,663,566	6,059,943	2,973,443	51.00
53.00	05300	ANESTHESIOLOGY	389,099	6,957,696	7,346,795	-106,789	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,281,094	2,317,892	5,598,986	-730,040	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	549,340	1,019,993	1,569,333	-472,780	55.00
57.00	05700	CT SCAN	54,435	554,472	608,907	-493,584	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	706,420	833,066	1,539,486	-468,632	58.00
59.00	05900	CARDIAC CATHETERIZATION	653,808	2,851,018	3,504,826	-2,387,154	59.00
60.00	06000	LABORATORY	4,812,218	15,115,032	19,927,250	-1,423,380	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	498,566	1,877,430	2,375,996	1,199,464	63.00
65.00	06500	RESPIRATORY THERAPY	4,361,379	5,754,476	10,115,855	-4,669,819	65.00
66.00	06600	PHYSICAL THERAPY	3,633,737	1,489,843	5,123,580	-48,399	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,181,310	332,589	1,513,899	-11,917	67.00
68.00	06800	SPEECH PATHOLOGY	2,313,575	2,512,429	4,826,004	-1,822,208	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,053,313	2,053,313	134	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	607,897	538,919	1,146,816	-219,107	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	813,669	5,354,475	6,168,144	4,190,287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,401,492	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,001,317	27,569,800	34,571,117	-10,385,159	73.00
74.00	07400	RENAL DIALYSIS	814,621	1,284,842	2,099,463	-1,203,568	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,928,195	3,080,076	7,008,271	977,524	90.00
91.00	09100	EMERGENCY	5,461,868	6,666,533	12,128,401	-96,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	216,306	216,306	-214,220	94.00
95.00	09500	AMBULANCE SERVICES	3,770,041	1,176,637	4,946,678	-221,483	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	247,343	247,343	0	105.00
106.00	10600	HEART ACQUISITION	0	1,283,395	1,283,395	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,083,099	1,083,099	0	107.00
108.00	10800	LUNG ACQUISITION	0	691,364	691,364	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	401,338	401,338	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	192,311,421	321,700,190	514,011,611	24,257	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,891	6,891	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	5,250,307	7,624,475	12,874,782	-23,640	194.00
194.01	07951	RETAIL PHARMACY	414,615	3,008,715	3,423,330	-617	194.01
200.00		TOTAL (SUM OF LINES 118-199)	197,976,343	332,340,271	530,316,614	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-3301

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

Worksheet A
Date/Time Prepared:
5/22/2017 10:03 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,548,948	14,805,336	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	819,284	26,604,846	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,138,566	10,893,472	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,716,884	125,064,602	5.00
6.00	00600	MAINTENANCE & REPAIRS	-50	346,051	6.00
7.00	00700	OPERATION OF PLANT	-1,015	6,698,241	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	198,929	8.00
9.00	00900	HOUSEKEEPING	-1,366	5,650,531	9.00
10.00	01000	DIETARY	-17,616	1,140,199	10.00
11.00	01100	CAFETERIA	-5,052,486	2,606,883	11.00
13.00	01300	NURSING ADMINISTRATION	-249,991	10,524,197	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,465,049	14.00
15.00	01500	PHARMACY	0	9,630,829	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-130,580	3,295,480	16.00
17.00	01700	SOCIAL SERVICE	-204,852	4,748,381	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-684,169	59,466,995	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-28,676	35,319,269	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,888,591	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-19,651	35,173,948	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-337,923	18,085,692	50.00
51.00	05100	RECOVERY ROOM	-3,274	9,030,112	51.00
53.00	05300	ANESTHESIOLOGY	-5,418,373	1,821,633	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-21,345	4,847,601	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-85	1,096,468	55.00
57.00	05700	CT SCAN	0	115,323	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,070,854	58.00
59.00	05900	CARDIAC CATHETERIZATION	-860,222	257,450	59.00
60.00	06000	LABORATORY	600,036	19,103,906	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	34,554	3,610,014	63.00
65.00	06500	RESPIRATORY THERAPY	-3,941	5,442,095	65.00
66.00	06600	PHYSICAL THERAPY	-56,954	5,018,227	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,501,982	67.00
68.00	06800	SPEECH PATHOLOGY	-935	3,002,861	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,053,447	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	927,709	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-726	10,357,705	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,401,492	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-183,994	24,001,964	73.00
74.00	07400	RENAL DIALYSIS	-1,225	894,670	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-480,379	7,505,416	90.00
91.00	09100	EMERGENCY	-246,164	11,785,878	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	2,086	94.00
95.00	09500	AMBULANCE SERVICES	-8,901	4,716,294	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	247,343	105.00
106.00	10600	HEART ACQUISITION	-130,000	1,153,395	106.00
107.00	10700	LIVER ACQUISITION	-137,000	946,099	107.00
108.00	10800	LUNG ACQUISITION	-20,000	671,364	108.00
112.00	08600	BONE MARROW ACQUISITION	-56,728	344,610	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,499,651	521,535,519	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,891	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	12,851,142	194.00
194.01	07951	RETAIL PHARMACY	0	3,422,713	194.01
200.00		TOTAL (SUM OF LINES 118-199)	7,499,651	537,816,265	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet Non-CMS W
Date/Time Prepared: 5/22/2017 10:03 am				
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	02060	NEONATAL INTENSIVE CARE UNIT	35.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
98.00	ANY OTHER REIMBURSABLE DEPARTMENTS	09850		98.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
112.00	BONE MARROW ACQUISITION	08600		112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	07950		194.00
194.01	RETAIL PHARMACY	07951		194.01
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RENTAL EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,680,542	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
0			0	4,680,542	
B - PATIENT CONVENIENCE CARE					
1.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	29,618	1.00
0			0	29,618	
C - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	419,340	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	210,439	2.00
0			0	629,779	
D - OUTPATIENT TREATMENT ROOM					
1.00	CLINIC	90.00	0	8,936	1.00
0			0	8,936	
E - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,380,390	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,194,560	2.00
0			0	3,574,950	
F - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,456,658	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	19,700,021	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

RECLASSIFICATIONS

Provider CCN: 26-3301

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

Worksheet A-6

Date/Time Prepared:
5/22/2017 10:03 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
TOTALS			0	30,156,679	
G - PHERESIS AND INFUSION					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	493,704	721,536	1.00
2.00	CLINIC	90.00	91,638	114,139	2.00
			585,342	835,675	
H - INFECTION SURVEULANCE					
1.00	INTENSIVE CARE UNIT	31.00	8,957	32,915	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	33,748	124,010	2.00
			42,705	156,925	
I - AFFILIATED SERVICES					
1.00	OPERATING ROOM	50.00	0	409,968	1.00
2.00	RECOVERY ROOM	51.00	0	3,383	2.00
3.00	ANESTHESIOLOGY	53.00	0	129,599	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	131,643	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	113,875	5.00
6.00	CT SCAN	57.00	0	351	6.00
7.00	RESPIRATORY THERAPY	65.00	0	356	7.00
8.00	PHYSICAL THERAPY	66.00	0	79,595	8.00
10.00	ELECTROCARDIOLOGY	69.00	0	134	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	221,646	11.00
12.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	27,775	12.00
13.00	DRUGS CHARGED TO PATIENTS	73.00	0	28,206	13.00
			0	1,146,531	
J - CENTRAL SERVICE					
1.00	CENTRAL SERVICES & SUPPLY	14.00	813,669	3,651,380	1.00
			813,669	3,651,380	
K - PHARMACY					
1.00	PHARMACY	15.00	7,001,317	2,629,512	1.00
			7,001,317	2,629,512	
L - WU TEACHING SERVICE					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	48,091,557	1.00
			0	48,091,557	
M - TELEPHONE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	28,440	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

RECLASSIFICATIONS

Provider CCN: 26-3301

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

Worksheet A-6

Date/Time Prepared:
5/22/2017 10:03 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
			0	28,440	
N - DIETARY					
1.00	DIETARY	10.00	135,902	282,983	1.00
2.00	CAFETERIA	11.00	0	1,260,109	2.00
			135,902	1,543,092	
O - MAINTENANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	758,671	335,498	1.00
2.00		0.00	0	0	2.00
			758,671	335,498	
P - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,719,659	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
			0	11,719,659	
R - EXTENDED RECOVERY					
1.00	RECOVERY ROOM	51.00	0	3,020,238	1.00
2.00		0.00	0	0	2.00
			0	3,020,238	
S - FAMILY CARE CENTER					
1.00	INTENSIVE CARE UNIT	31.00	17,744	7,569	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	69,535	29,663	2.00
			87,279	37,232	
T - INPATIENT CCPD					
1.00	RENAL DIALYSIS	74.00	0	214,220	1.00
			0	214,220	
U - EPO					
1.00	RENAL DIALYSIS	74.00	0	60,271	1.00
			0	60,271	
V - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,373,717	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
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
			0	10,373,717	
W - CEREBRAL PALSY CENTER					
1.00	OCCUPATIONAL THERAPY	67.00	20,117	5,233	1.00
			20,117	5,233	
X - HEMATOLOGY ONCOLOGY CLINIC					
1.00	CLINIC	90.00	0	1,149,100	1.00
			0	1,149,100	
500.00	Grand Total: Increases		9,445,002	124,078,784	500.00

RECLASSIFICATIONS

Provider CCN: 26-3301

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RENTAL EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,738	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	533,203	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	5,366	0		3.00
4.00	CAFETERIA	11.00	0	15,493	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	12,353	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,357	0		6.00
7.00	SOCIAL SERVICE	17.00	0	3,700	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	14,742	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	6,860	0		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	19,579	0		10.00
11.00	OPERATING ROOM	50.00	0	35,462	0		11.00
12.00	RECOVERY ROOM	51.00	0	2,383	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,571	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,133	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	17,459	0		15.00
16.00	LABORATORY	60.00	0	7,331	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	102,721	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	9,782	0		18.00
19.00	SPEECH PATHOLOGY	68.00	0	2,167	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	434	0		20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,198,099	0		21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	643,223	0		22.00
23.00	CLINIC	90.00	0	12,498	0		23.00
24.00	EMERGENCY	91.00	0	5,582	0		24.00
25.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	15,093	0		25.00
26.00	HOUSEKEEPING	9.00	0	188	0		26.00
27.00	AMBULANCE SERVICES	95.00	0	2,025	0		27.00
			0	4,680,542			
B - PATIENT CONVENIENCE CARE							
1.00	ADULTS & PEDIATRICS	30.00	0	29,618	0		1.00
			0	29,618			
C - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	629,779	10		1.00
2.00		0.00	0	0	10		2.00
			0	629,779			
D - OUTPATIENT TREATMENT ROOM							
1.00	ADULTS & PEDIATRICS	30.00	0	8,936	0		1.00
			0	8,936			
E - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,574,950	11		1.00
2.00		0.00	0	0	11		2.00
			0	3,574,950			
F - DEPRECIATION EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,252	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	20,179,132	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	466,338	0		3.00
4.00	OPERATION OF PLANT	7.00	0	600,028	0		4.00
5.00	HOUSEKEEPING	9.00	0	24,677	0		5.00
6.00	CAFETERIA	11.00	0	120,206	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	383,624	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,443	0		8.00
9.00	SOCIAL SERVICE	17.00	0	26,266	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,697	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,306,945	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	132,375	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	563,129	0		13.00
14.00	OPERATING ROOM	50.00	0	2,068,912	0		14.00
15.00	RECOVERY ROOM	51.00	0	46,550	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	143,815	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	830,659	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	47,606	0		18.00
19.00	CT SCAN	57.00	0	442,218	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	431,067	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	517,664	0		21.00
22.00	LABORATORY	60.00	0	269,228	0		22.00
23.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	15,769	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	255,821	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	62,709	0		25.00

RECLASSIFICATIONS

Provider CCN: 26-3301

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
26.00	OCCUPATIONAL THERAPY	67.00	0	15,595	0	26.00	
27.00	SPEECH PATHOLOGY	68.00	0	73,184	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	218,625	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	61,070	0	29.00	
30.00	DRUGS CHARGED TO PATIENTS	73.00	0	77,676	0	30.00	
31.00	RENAL DIALYSIS	74.00	0	56,985	0	31.00	
32.00	CLINIC	90.00	0	372,282	0	32.00	
33.00	EMERGENCY	91.00	0	89,920	0	33.00	
34.00	AMBULANCE SERVICES	95.00	0	217,164	0	34.00	
35.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	27,519	0	35.00	
36.00	RETAIL PHARMACY	194.01	0	529	0	36.00	
	TOTALS		0	30,156,679			
G - PHERESIS AND INFUSION							
1.00	RENAL DIALYSIS	74.00	585,342	835,675	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		585,342	835,675			
H - INFECTION SURVEULANCE							
1.00	ADULTS & PEDIATRICS	30.00	42,705	156,925	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		42,705	156,925			
I - AFFILIATED SERVICES							
1.00	LABORATORY	60.00	0	1,146,531	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	
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	
	O		0	1,146,531			
J - CENTRAL SERVICE							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	813,669	3,651,380	0	1.00	
	O		813,669	3,651,380			
K - PHARMACY							
1.00	DRUGS CHARGED TO PATIENTS	73.00	7,001,317	2,629,512	0	1.00	
	O		7,001,317	2,629,512			
L - WU TEACHING SERVICE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	48,091,557	0	1.00	
	O		0	48,091,557			
M - TELEPHONE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	61	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	80	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	45	0	3.00	
4.00	HOUSEKEEPING	9.00	0	23	0	4.00	
5.00	DIETARY	10.00	0	29	0	5.00	
6.00	CAFETERIA	11.00	0	208	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	1,798	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,440	0	8.00	
9.00	SOCIAL SERVICE	17.00	0	1,242	0	9.00	
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	489	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	2,229	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	435	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,636	0	13.00	
14.00	OPERATING ROOM	50.00	0	354	0	14.00	
15.00	RECOVERY ROOM	51.00	0	1,145	0	15.00	
16.00	ANESTHESIOLOGY	53.00	0	34	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	133	0	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	31	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	164	0	19.00	
20.00	LABORATORY	60.00	0	290	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	7	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	32	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	480	0	23.00	
24.00	OCCUPATIONAL THERAPY	67.00	0	5	0	24.00	
25.00	SPEECH PATHOLOGY	68.00	0	874	0	25.00	

RECLASSIFICATIONS

Provider CCN: 26-3301

Period:
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To 12/31/2016

Worksheet A-6
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	48	0	26.00	
27.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9	0	27.00	
28.00	DRUGS CHARGED TO PATIENTS	73.00	0	162	0	28.00	
29.00	RENAL DIALYSIS	74.00	0	57	0	29.00	
30.00	CLINIC	90.00	0	1,509	0	30.00	
31.00	EMERGENCY	91.00	0	363	0	31.00	
32.00	AMBULANCE SERVICES	95.00	0	2,294	0	32.00	
33.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	10,646	0	33.00	
34.00	RETAIL PHARMACY	194.01	0	88	0	34.00	
	O		0	28,440			
N - DIETARY							
1.00	CAFETERIA	11.00	135,902	282,983	0	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,260,109	0	2.00	
	O		135,902	1,543,092			
O - MAINTENANCE							
1.00	MAINTENANCE & REPAIRS	6.00	105,384	335,498	0	1.00	
2.00	OPERATION OF PLANT	7.00	653,287	0	0	2.00	
	O		758,671	335,498			
P - MEDICAL SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	311,528	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	5,266	0	2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,818	0	3.00	
4.00	OPERATING ROOM	50.00	0	5,454,870	0	4.00	
5.00	ANESTHESIOLOGY	53.00	0	92,539	0	5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	532,390	0	6.00	
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	37,565	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	673,937	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	4,311,601	0	9.00	
10.00	PHYSICAL THERAPY	66.00	0	29,673	0	10.00	
11.00	OCCUPATIONAL THERAPY	67.00	0	21,667	0	11.00	
12.00	SPEECH PATHOLOGY	68.00	0	167,564	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,320	0	13.00	
14.00	CT SCAN	57.00	0	51,717	0	14.00	
15.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,204	0	15.00	
	O		0	11,719,659			
R - EXTENDED RECOVERY							
1.00	ADULTS & PEDIATRICS	30.00	0	3,013,507	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	6,731	0	2.00	
	O		0	3,020,238			
S - FAMILY CARE CENTER							
1.00	ADMINISTRATIVE & GENERAL	5.00	87,279	37,232	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		87,279	37,232			
T - INPATIENT CCPD							
1.00	HOME PROGRAM DIALYSIS	94.00	0	214,220	0	1.00	
	O		0	214,220			
U - EPO							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	60,271	0	1.00	
	O		0	60,271			
V - IMPLANTS							
1.00	OPERATING ROOM	50.00	0	7,578,664	0	1.00	
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,495	0	2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	1,177,930	0	3.00	
5.00	SPEECH PATHOLOGY	68.00	0	1,578,419	0	5.00	
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	26,791	0	6.00	
7.00	EMERGENCY	91.00	0	494	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	871	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	7,953	0	9.00	
10.00	RECOVERY ROOM	51.00	0	100	0	10.00	
	O		0	10,373,717			
W - CEREBRAL PALSY CENTER							
1.00	PHYSICAL THERAPY	66.00	20,117	5,233	0	1.00	
	O		20,117	5,233			
X - HEMATOLOGY ONCOLOGY CLINIC							
1.00	NURSING ADMINISTRATION	13.00	0	1,149,100	0	1.00	
	O		0	1,149,100			
500.00	Grand Total: Decreases		9,445,002	124,078,784		500.00	

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - RENTAL EXPENSE									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,680,542	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,738	1.00
2.00		0.00	0	0	ADMINISTRATIVE & GENERAL	5.00	0	533,203	2.00
3.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	5,366	3.00
4.00		0.00	0	0	CAFETERIA	11.00	0	15,493	4.00
5.00		0.00	0	0	NURSING	13.00	0	12,353	5.00
6.00		0.00	0	0	ADMINISTRATION				
7.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	3,357	6.00
8.00		0.00	0	0	SOCIAL SERVICE	17.00	0	3,700	7.00
9.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	14,742	8.00
10.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	6,860	9.00
11.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	19,579	10.00
12.00		0.00	0	0	OPERATING ROOM	50.00	0	35,462	11.00
13.00		0.00	0	0	RECOVERY ROOM	51.00	0	2,383	12.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4,571	13.00
15.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	4,133	14.00
16.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	17,459	15.00
17.00		0.00	0	0	LABORATORY	60.00	0	7,331	16.00
18.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	102,721	17.00
19.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	9,782	18.00
20.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	2,167	19.00
21.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	434	20.00
22.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,198,099	21.00
23.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	643,223	22.00
24.00		0.00	0	0	CLINIC	90.00	0	12,498	23.00
25.00		0.00	0	0	EMERGENCY	91.00	0	5,582	24.00
26.00		0.00	0	0	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	15,093	25.00
27.00		0.00	0	0	HOUSEKEEPING	9.00	0	188	26.00
		0.00	0	0	AMBULANCE SERVICES	95.00	0	2,025	27.00
0			0	4,680,542	0		0	4,680,542	
B - PATIENT CONVENIENCE CARE									
1.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	29,618	ADULTS & PEDIATRICS	30.00	0	29,618	1.00
0			0	29,618	0		0	29,618	
C - PROPERTY INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	419,340	ADMINISTRATIVE & GENERAL	5.00	0	629,779	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	210,439		0.00	0	0	2.00
0			0	629,779	0		0	629,779	
D - OUTPATIENT TREATMENT ROOM									
1.00	CLINIC	90.00	0	8,936	ADULTS & PEDIATRICS	30.00	0	8,936	1.00
0			0	8,936	0		0	8,936	
E - INTEREST EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,380,390	ADMINISTRATIVE & GENERAL	5.00	0	3,574,950	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,194,560		0.00	0	0	2.00
0			0	3,574,950	0		0	3,574,950	
F - DEPRECIATION EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,456,658	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,252	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	19,700,021	ADMINISTRATIVE & GENERAL	5.00	0	20,179,132	2.00
3.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	466,338	3.00
4.00		0.00	0	0	OPERATION OF PLANT	7.00	0	600,028	4.00
5.00		0.00	0	0	HOUSEKEEPING	9.00	0	24,677	5.00
6.00		0.00	0	0	CAFETERIA	11.00	0	120,206	6.00
7.00		0.00	0	0	NURSING	13.00	0	383,624	7.00
8.00		0.00	0	0	ADMINISTRATION				
9.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	7,443	8.00
		0.00	0	0	SOCIAL SERVICE	17.00	0	26,266	9.00

RECLASSIFICATIONS

Provider CCN: 26-3301

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/22/2017 10:03 am

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
10.00	0.00	0			0 I&R SERVICES-OTHER	22.00	0	2,697	10.00
					PRGM COSTS APPRVD				
11.00	0.00	0			0 ADULTS & PEDIATRICS	30.00	0	1,306,945	11.00
12.00	0.00	0			0 INTENSIVE CARE UNIT	31.00	0	132,375	12.00
13.00	0.00	0			0 NEONATAL INTENSIVE	35.00	0	563,129	13.00
					CARE UNIT				
14.00	0.00	0			0 OPERATING ROOM	50.00	0	2,068,912	14.00
15.00	0.00	0			0 RECOVERY ROOM	51.00	0	46,550	15.00
16.00	0.00	0			0 ANESTHESIOLOGY	53.00	0	143,815	16.00
17.00	0.00	0			0 RADIOLOGY-DIAGNOSTIC	54.00	0	830,659	17.00
18.00	0.00	0			0 RADIOLOGY-THERAPEUTIC	55.00	0	47,606	18.00
19.00	0.00	0			0 CT SCAN	57.00	0	442,218	19.00
20.00	0.00	0			0 MAGNETIC RESONANCE	58.00	0	431,067	20.00
					IMAGING (MRI)				
21.00	0.00	0			0 CARDIAC	59.00	0	517,664	21.00
					CATHETERIZATION				
22.00	0.00	0			0 LABORATORY	60.00	0	269,228	22.00
23.00	0.00	0			0 BLOOD STORAGE,	63.00	0	15,769	23.00
					PROCESSING & TRANS.				
24.00	0.00	0			0 RESPIRATORY THERAPY	65.00	0	255,821	24.00
25.00	0.00	0			0 PHYSICAL THERAPY	66.00	0	62,709	25.00
26.00	0.00	0			0 OCCUPATIONAL THERAPY	67.00	0	15,595	26.00
27.00	0.00	0			0 SPEECH PATHOLOGY	68.00	0	73,184	27.00
28.00	0.00	0			0 ELECTROENCEPHALOGRAPHY	70.00	0	218,625	28.00
29.00	0.00	0			0 MEDICAL SUPPLIES	71.00	0	61,070	29.00
					CHARGED TO PATIENTS				
30.00	0.00	0			0 DRUGS CHARGED TO	73.00	0	77,676	30.00
					PATIENTS				
31.00	0.00	0			0 RENAL DIALYSIS	74.00	0	56,985	31.00
32.00	0.00	0			0 CLINIC	90.00	0	372,282	32.00
33.00	0.00	0			0 EMERGENCY	91.00	0	89,920	33.00
34.00	0.00	0			0 AMBULANCE SERVICES	95.00	0	217,164	34.00
35.00	0.00	0			0 VARIOUS	194.00	0	27,519	35.00
					NONREIMBURSABLE				
					DEPARTMENTS				
36.00	0.00	0			0 RETAIL PHARMACY	194.01	0	529	36.00
					TOTALS			30,156,679	TOTALS
								30,156,679	
G - PHERESIS AND INFUSION									
1.00	63.00	493,704	721,536		RENAL DIALYSIS	74.00	585,342	835,675	1.00
					BLOOD STORAGE,				
					PROCESSING & TRANS.				
2.00	90.00	91,638	114,139			0.00	0	0	2.00
					CLINIC				
		585,342	835,675				585,342	835,675	
H - INFECTION SURVEILLANCE									
1.00	31.00	8,957	32,915		ADULTS & PEDIATRICS	30.00	42,705	156,925	1.00
					INTENSIVE CARE UNIT				
2.00	35.00	33,748	124,010			0.00	0	0	2.00
					NEONATAL INTENSIVE				
					CARE UNIT				
		42,705	156,925				42,705	156,925	
I - AFFILIATED SERVICES									
1.00	50.00	0	409,968		LABORATORY	60.00	0	1,146,531	1.00
					OPERATING ROOM				
2.00	51.00	0	3,383			0.00	0	0	2.00
					RECOVERY ROOM				
3.00	53.00	0	129,599			0.00	0	0	3.00
					ANESTHESIOLOGY				
4.00	54.00	0	131,643			0.00	0	0	4.00
					RADIOLOGY-DIAGNOSTIC				
5.00	55.00	0	113,875			0.00	0	0	5.00
					RADIOLOGY-THERAPEUTIC				
6.00	57.00	0	351			0.00	0	0	6.00
					CT SCAN				
7.00	65.00	0	356			0.00	0	0	7.00
					RESPIRATORY THERAPY				
8.00	66.00	0	79,595			0.00	0	0	8.00
					PHYSICAL THERAPY				
10.00	69.00	0	134			0.00	0	0	10.00
					ELECTROCARDIOLOGY				
11.00	71.00	0	221,646			0.00	0	0	11.00
					MEDICAL SUPPLIES				
					CHARGED TO PATIENTS				
12.00	72.00	0	27,775			0.00	0	0	12.00
					IMPL. DEV. CHARGED TO				
					PATIENTS				
13.00	73.00	0	28,206			0.00	0	0	13.00
					DRUGS CHARGED TO				
					PATIENTS				
			1,146,531					1,146,531	
J - CENTRAL SERVICE									
1.00	14.00	813,669	3,651,380		MEDICAL SUPPLIES	71.00	813,669	3,651,380	1.00
					CHARGED TO PATIENTS				
		813,669	3,651,380				813,669	3,651,380	
K - PHARMACY									
1.00	15.00	7,001,317	2,629,512		DRUGS CHARGED TO	73.00	7,001,317	2,629,512	1.00
					PATIENTS				
		7,001,317	2,629,512				7,001,317	2,629,512	

RECLASSIFICATIONS

Provider CCN: 26-3301

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/22/2017 10:03 am

Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
L - WU TEACHING SERVICE									
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD 0	22.00	0	48,091,557	ADMINISTRATIVE & GENERAL	5.00	0	48,091,557	1.00
M - TELEPHONE									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	28,440	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	61	1.00
2.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	80	2.00
3.00		0.00	0	0	OPERATION OF PLANT	7.00	0	45	3.00
4.00		0.00	0	0	HOUSEKEEPING	9.00	0	23	4.00
5.00		0.00	0	0	DIETARY	10.00	0	29	5.00
6.00		0.00	0	0	CAFETERIA	11.00	0	208	6.00
7.00		0.00	0	0	NURSING	13.00	0	1,798	7.00
8.00		0.00	0	0	ADMINISTRATION MEDICAL RECORDS & LIBRARY	16.00	0	1,440	8.00
9.00		0.00	0	0	SOCIAL SERVICE	17.00	0	1,242	9.00
10.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	489	10.00
11.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	2,229	11.00
12.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	435	12.00
13.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,636	13.00
14.00		0.00	0	0	OPERATING ROOM	50.00	0	354	14.00
15.00		0.00	0	0	RECOVERY ROOM	51.00	0	1,145	15.00
16.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	34	16.00
17.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	133	17.00
18.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	31	18.00
19.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	164	19.00
20.00		0.00	0	0	LABORATORY	60.00	0	290	20.00
21.00		0.00	0	0	BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	7	21.00
22.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	32	22.00
23.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	480	23.00
24.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	5	24.00
25.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	874	25.00
26.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	48	26.00
27.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9	27.00
28.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	162	28.00
29.00		0.00	0	0	RENAL DIALYSIS	74.00	0	57	29.00
30.00		0.00	0	0	CLINIC	90.00	0	1,509	30.00
31.00		0.00	0	0	EMERGENCY	91.00	0	363	31.00
32.00		0.00	0	0	AMBULANCE SERVICES	95.00	0	2,294	32.00
33.00		0.00	0	0	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	10,646	33.00
34.00		0.00	0	0	RETAIL PHARMACY	194.01	0	88	34.00
N - DIETARY									
1.00	DIETARY	10.00	135,902	282,983	CAFETERIA	11.00	135,902	282,983	1.00
2.00	CAFETERIA	11.00	0	1,260,109	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,260,109	2.00
O - MAINTENANCE									
1.00	ADMINISTRATIVE & GENERAL	5.00	758,671	335,498	MAINTENANCE & REPAIRS	6.00	105,384	335,498	1.00
2.00		0.00	0	0	OPERATION OF PLANT	7.00	653,287	0	2.00
P - MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,719,659	ADULTS & PEDIATRICS	30.00	0	311,528	1.00
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	5,266	2.00
3.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,818	3.00
4.00		0.00	0	0	OPERATING ROOM	50.00	0	5,454,870	4.00
5.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	92,539	5.00
6.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	532,390	6.00
7.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	37,565	7.00
8.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	673,937	8.00

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
9.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	4,311,601	9.00
10.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	29,673	10.00
11.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	21,667	11.00
12.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	167,564	12.00
13.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	26,320	13.00
14.00		0.00	0	0	CT SCAN	57.00	0	51,717	14.00
15.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	1,204	15.00
				0				11,719,659	
R - EXTENDED RECOVERY									
1.00	RECOVERY ROOM	51.00	0	3,020,238	ADULTS & PEDIATRICS	30.00	0	3,013,507	1.00
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	6,731	2.00
				0				3,020,238	
S - FAMILY CARE CENTER									
1.00	INTENSIVE CARE UNIT	31.00	17,744	7,569	ADMINISTRATIVE & GENERAL	5.00	87,279	37,232	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	69,535	29,663		0.00	0	0	2.00
			87,279	37,232				87,279	
T - INPATIENT CCPD									
1.00	RENAL DIALYSIS	74.00	0	214,220	HOME PROGRAM DIALYSIS	94.00	0	214,220	1.00
				0				214,220	
U - EPO									
1.00	RENAL DIALYSIS	74.00	0	60,271	DRUGS CHARGED TO PATIENTS	73.00	0	60,271	1.00
				0				60,271	
V - IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,373,717	OPERATING ROOM	50.00	0	7,578,664	1.00
2.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	2,495	2.00
3.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	1,177,930	3.00
5.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	1,578,419	5.00
6.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	26,791	6.00
7.00		0.00	0	0	EMERGENCY	91.00	0	494	7.00
8.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	871	8.00
9.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	7,953	9.00
10.00		0.00	0	0	RECOVERY ROOM	51.00	0	100	10.00
				0				10,373,717	
W - CEREBRAL PALSY CENTER									
1.00	OCCUPATIONAL THERAPY	67.00	20,117	5,233	PHYSICAL THERAPY	66.00	20,117	5,233	1.00
			20,117	5,233				20,117	
X - HEMATOLOGY ONCOLOGY CLINIC									
1.00	CLINIC	90.00	0	1,149,100	NURSING ADMINISTRATION	13.00	0	1,149,100	1.00
				0				1,149,100	
500.00	Grand Total: Increases		9,445,002	124,078,784	Grand Total: Decreases		9,445,002	124,078,784	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-3301

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

Worksheet A-7
Part I
Date/Time Prepared:
5/22/2017 10:03 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,508,366	0	0	0	1.00
2.00	Land Improvements	138,237	0	0	0	2.00
3.00	Buildings and Fixtures	325,673,601	1,372,678	0	1,372,678	3.00
4.00	Building Improvements	94,652,781	86,985,057	0	86,985,057	4.00
5.00	Fixed Equipment	2,117,369	91,543	0	91,543	5.00
6.00	Movable Equipment	245,446,088	7,610,194	0	7,610,194	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	674,536,442	96,059,472	0	96,059,472	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	674,536,442	96,059,472	0	96,059,472	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,508,366	0			1.00
2.00	Land Improvements	138,237	0			2.00
3.00	Buildings and Fixtures	327,046,279	0			3.00
4.00	Building Improvements	172,563,422	0			4.00
5.00	Fixed Equipment	2,208,912	0			5.00
6.00	Movable Equipment	251,847,526	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	760,312,742	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	760,312,742	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-3301

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

Worksheet A-7
Part II
Date/Time Prepared:
5/22/2017 10:03 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-3301

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

Worksheet A-7
Part III
Date/Time Prepared:
5/22/2017 10:03 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	14,805,336	0	14,805,336	0.357529	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	26,604,846	0	26,604,846	0.642471	0	2.00
3.00	Total (sum of lines 1-2)	41,410,182	0	41,410,182	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,456,658	419,340	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	19,700,021	4,890,981	2.00
3.00	Total (sum of lines 1-2)	0	0	0	30,156,679	5,310,321	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,851,364	0	0	2,077,974	14,805,336	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	929,077	0	0	1,084,767	26,604,846	2.00
3.00	Total (sum of lines 1-2)	2,780,441	0	0	3,162,741	41,410,182	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-3301

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

Worksheet A-8

Date/Time Prepared:
5/22/2017 10:03 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-529,026	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-265,483	CAP REL COSTS-MVBLE EQUIP		2.00	11 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-10,018,389				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,021,314				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-5,008,017	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts		0			0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines	B	-44,007	CAFETERIA		11.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 NON ALLOWED DEPRECIATION	A	-666,255	ADMINISTRATIVE & GENERAL		5.00	0 33.00
34.00 OTHER OPERATING REVENUE	B	-3,516,219	ADMINISTRATIVE & GENERAL		5.00	0 34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-3301

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

Worksheet A-8

Date/Time Prepared:
5/22/2017 10:03 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
34.01 OTHER OPERATING REVENUE	B	-1,015	OPERATION OF PLANT	7.00	0	34.01
34.02		0		0.00	0	34.02
34.03 OTHER OPERATING REVENUE	B	-17,616	DIETARY	10.00	0	34.03
34.04 OTHER OPERATING REVENUE	B	-201,382	NURSING ADMINISTRATION	13.00	0	34.04
34.05 OTHER OPERATING REVENUE	B	-130,530	MEDICAL RECORDS & LIBRARY	16.00	0	34.05
34.06 OTHER OPERATING REVENUE	B	-657,808	I&R SERVICES-OTHER PRGM	22.00	0	34.06
34.07 OTHER OPERATING REVENUE	B	-8,507	COSTS APPRVD	90.00	0	34.07
34.08		0	CLINIC	0.00	0	34.08
34.09 OTHER OPERATING REVENUE	B	-19,533	RADIOLOGY-DIAGNOSTIC	54.00	0	34.09
34.10 OTHER OPERATING REVENUE	B	-23,200	LABORATORY	60.00	0	34.10
34.11 OTHER OPERATING REVENUE	B	-55,955	PHYSICAL THERAPY	66.00	0	34.11
34.12		0		0.00	0	34.12
34.13 OTHER OPERATING REVENUE	B	-183,814	DRUGS CHARGED TO PATIENTS	73.00	0	34.13
34.14 OTHER OPERATING REVENUE	B	-6,395	EMERGENCY	91.00	0	34.14
34.15		0		0.00	0	34.15
35.00		0		0.00	0	35.00
35.01 ENTERTAINMENT EXPENSE	B	-120	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.01
35.02 ENTERTAINMENT EXPENSE	B	-657,277	ADMINISTRATIVE & GENERAL	5.00	0	35.02
35.03 ENTERTAINMENT EXPENSE	B	-50	MAINTENANCE & REPAIRS	6.00	0	35.03
35.04		0		0.00	0	35.04
35.05 ENTERTAINMENT EXPENSE	B	-1,366	HOUSEKEEPING	9.00	0	35.05
35.06 ENTERTAINMENT EXPENSE	B	-462	CAFETERIA	11.00	0	35.06
35.07 ENTERTAINMENT EXPENSE	B	-48,609	NURSING ADMINISTRATION	13.00	0	35.07
35.08 ENTERTAINMENT EXPENSE	B	-50	MEDICAL RECORDS & LIBRARY	16.00	0	35.08
35.09 ENTERTAINMENT EXPENSE	B	-11,661	SOCIAL SERVICE	17.00	0	35.09
35.10 ENTERTAINMENT EXPENSE	B	-26,361	I&R SERVICES-OTHER PRGM	22.00	0	35.10
35.11 ENTERTAINMENT EXPENSE	B	-28,676	COSTS APPRVD	30.00	0	35.11
35.12		0	ADULTS & PEDIATRICS	0.00	0	35.12
35.13 ENTERTAINMENT EXPENSE	B	-17,042	NEONATAL INTENSIVE CARE UNIT	35.00	0	35.13
35.14 ENTERTAINMENT EXPENSE	B	-5,674	OPERATING ROOM	50.00	0	35.14
35.15 ENTERTAINMENT EXPENSE	B	-3,274	RECOVERY ROOM	51.00	0	35.15
35.16 ENTERTAINMENT EXPENSE	B	-1,812	RADIOLOGY-DIAGNOSTIC	54.00	0	35.16
35.17 ENTERTAINMENT EXPENSE	B	-85	RADIOLOGY-THERAPEUTIC	55.00	0	35.17
35.18 ENTERTAINMENT EXPENSE	B	-1,395	LABORATORY	60.00	0	35.18
35.19 ENTERTAINMENT EXPENSE	B	-3,941	RESPIRATORY THERAPY	65.00	0	35.19
35.20 ENTERTAINMENT EXPENSE	B	-999	PHYSICAL THERAPY	66.00	0	35.20
35.21		0		0.00	0	35.21
35.22 ENTERTAINMENT EXPENSE	B	-935	SPEECH PATHOLOGY	68.00	0	35.22
35.23		0		0.00	0	35.23
35.24 ENTERTAINMENT EXPENSE	B	-726	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	35.24
35.25 ENTERTAINMENT EXPENSE	B	-180	DRUGS CHARGED TO PATIENTS	73.00	0	35.25
36.00 ENTERTAINMENT EXPENSE	B	-1,225	RENAL DIALYSIS	74.00	0	36.00
36.01 ENTERTAINMENT EXPENSE	B	-7,300	CLINIC	90.00	0	36.01
36.02 ENTERTAINMENT EXPENSE	B	-8,193	EMERGENCY	91.00	0	36.02
36.03 ENTERTAINMENT EXPENSE	B	-2,599	AMBULANCE SERVICES	95.00	0	36.03
37.00 FRA ADD-ON	A	29,906,860	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00 PENSION EXPENSE	A	12,603,994	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00 MALPRACTICE	A	-1,716,343	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00 CONTRIBUTIONS	B	-12,491,479	ADMINISTRATIVE & GENERAL	5.00	0	40.00
40.01 CONTRIBUTIONS	B	-254	OPERATING ROOM	50.00	0	40.01
40.02 CONTRIBUTIONS	B	-17,200	SOCIAL SERVICE	17.00	0	40.02
40.03 CONTRIBUTIONS	B	-100	AMBULANCE SERVICES	95.00	0	40.03
40.04		0		0.00	0	40.04
41.00 LOBBYING	A	-116,035	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 ADVERTISING	A	-636,305	ADMINISTRATIVE & GENERAL	5.00	0	42.00
42.01 ADVERTISING	A	-2,609	NEONATAL INTENSIVE CARE UNIT	35.00	0	42.01
42.02 ADVERTISING	A	-6,202	AMBULANCE SERVICES	95.00	0	42.02
43.00 RESEARCH & DEVELOPMENT	A	-26,413	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00 COST OF ED AT PARKLAND	A	163,586	EMERGENCY	91.00	0	44.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		7,499,651				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.

ADJUSTMENTS TO EXPENSES			Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8 Date/Time Prepared: 5/22/2017 10:03 am
Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

(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: 26-3301
 Period: From 01/01/2016 To 12/31/2016
 Worksheet A-8-1
 Date/Time Prepared: 5/22/2017 10:03 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	2,077,974	0 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	1,084,767	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SALARY-HO	1,488,368	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	OTHER EXPENSE-HO	7,696,857	0 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	SALARY-HO	29,991,842	20,833,072 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-HO	12,486,680	31,569,587 4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-TFC	2,301,832	2,643,009 4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	BJH SPACE	223,512	0 4.04
4.05	50.00	OPERATING ROOM	OTHER EXPENSE-LI THOTRIPSY	38,401	70,271 4.05
4.06	59.00	CARDIAC CATHETERIZATION	OTHER EXPENSE-AFFILIATE	461,016	1,321,238 4.06
4.07	60.00	LABORATORY	OTHER EXPENSE-AFFILIATE	4,445,538	3,820,907 4.07
4.08	63.00	BLOOD STORING, PROCESSING &	OTHER EXPENSE-AFFILIATE	75,813	41,259 4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	TOWER GROVE RAMP REFUND	-128,047	-76,104 4.09
5.00	0		0	62,244,553	60,223,239 5.00

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

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

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

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

6.00	B	BJC HEALTHCARE	0.01	BJC HEALTHCARE	0.01	6.00
7.00	G	JOINT VENTURE	0.01	TELEPHONE FAC	0.01	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	JOINT VENTURE				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/22/2017 10:03 am
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,077,974	14		1.00
2.00	1,084,767	14		2.00
3.00	1,488,368	0		3.00
4.00	7,696,857	0		4.00
4.01	9,158,770	0		4.01
4.02	-19,082,907	0		4.02
4.03	-341,177	0		4.03
4.04	223,512	0		4.04
4.05	-31,870	0		4.05
4.06	-860,222	0		4.06
4.07	624,631	0		4.07
4.08	34,554	0		4.08
4.09	-51,943	0		4.09
5.00	2,021,314			5.00

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

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	COMMUNICATIONS		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-3301

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2017 10:03 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	90.00	CLINIC	423,744	423,744	0	0	0	1.00
2.00	90.00	CLINIC	40,828	40,828	0	0	0	2.00
3.00	112.00	BONE MARROW ACQUISITION	56,728	56,728	0	0	0	3.00
4.00	106.00	HEART ACQUISITION	130,000	130,000	0	0	0	4.00
5.00	108.00	LUNG ACQUISITION	20,000	20,000	0	0	0	5.00
6.00	107.00	LIVER ACQUISITION	137,000	137,000	0	0	0	6.00
7.00	50.00	OPERATING ROOM	269,375	269,375	0	0	0	7.00
8.00	91.00	EMERGENCY	395,162	395,162	0	0	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	28,725	28,725	0	0	0	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	84,918	84,918	0	0	0	10.00
11.00	5.00	ADMINISTRATIVE & GENERAL	183,535	183,535	0	0	0	11.00
12.00	5.00	ADMINISTRATIVE & GENERAL	635,304	635,304	0	0	0	12.00
13.00	5.00	ADMINISTRATIVE & GENERAL	50,648	50,648	0	0	0	13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	197,515	197,515	0	0	0	14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	129,107	129,107	0	0	0	15.00
16.00	5.00	ADMINISTRATIVE & GENERAL	1,080,128	1,080,128	0	0	0	16.00
17.00	50.00	OPERATING ROOM	30,750	30,750	0	0	0	17.00
18.00	5.00	ADMINISTRATIVE & GENERAL	484,019	484,019	0	0	0	18.00
19.00	53.00	ANESTHESIOLOGY	4,065,956	4,065,956	0	0	0	19.00
20.00	53.00	ANESTHESIOLOGY	1,352,417	1,352,417	0	0	0	20.00
21.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	46,539	46,539	0	0	0	21.00
22.00	17.00	SOCIAL SERVICE	175,991	175,991	0	0	0	22.00
200.00			10,018,389	10,018,389	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	90.00	CLINIC	0	0	0	0	0	1.00
2.00	90.00	CLINIC	0	0	0	0	0	2.00
3.00	112.00	BONE MARROW ACQUISITION	0	0	0	0	0	3.00
4.00	106.00	HEART ACQUISITION	0	0	0	0	0	4.00
5.00	108.00	LUNG ACQUISITION	0	0	0	0	0	5.00
6.00	107.00	LIVER ACQUISITION	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	10.00
11.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	11.00
12.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	12.00
13.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	15.00
16.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	16.00
17.00	50.00	OPERATING ROOM	0	0	0	0	0	17.00
18.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	18.00
19.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	19.00
20.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	20.00
21.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	21.00
22.00	17.00	SOCIAL SERVICE	0	0	0	0	0	22.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	90.00	CLINIC	0	0	0	423,744		1.00
2.00	90.00	CLINIC	0	0	0	40,828		2.00
3.00	112.00	BONE MARROW ACQUISITION	0	0	0	56,728		3.00
4.00	106.00	HEART ACQUISITION	0	0	0	130,000		4.00
5.00	108.00	LUNG ACQUISITION	0	0	0	20,000		5.00
6.00	107.00	LIVER ACQUISITION	0	0	0	137,000		6.00
7.00	50.00	OPERATING ROOM	0	0	0	269,375		7.00
8.00	91.00	EMERGENCY	0	0	0	395,162		8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	28,725		9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	84,918		10.00
11.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	183,535		11.00
12.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	635,304		12.00
13.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	50,648		13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	197,515		14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	129,107		15.00
16.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,080,128		16.00
17.00	50.00	OPERATING ROOM	0	0	0	30,750		17.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-3301

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2017 10:03 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
18.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	484,019		18.00
19.00	53.00	ANESTHESIOLOGY	0	0	0	4,065,956		19.00
20.00	53.00	ANESTHESIOLOGY	0	0	0	1,352,417		20.00
21.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	46,539		21.00
22.00	17.00	SOCIAL SERVICE	0	0	0	175,991		22.00
200.00			0	0	0	10,018,389		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 10:03 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	14,805,336	14,805,336			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	26,604,846		26,604,846		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,893,472	25,132	45,161	10,963,765	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	125,064,602	6,019,950	10,817,720	3,324,370	145,226,642
6.00 00600	MAINTENANCE & REPAIRS	346,051	108,369	194,737	9,806	658,963
7.00 00700	OPERATION OF PLANT	6,698,241	254,875	458,005	60,790	7,471,911
8.00 00800	LAUNDRY & LINEN SERVICE	198,929	44,779	80,467	0	324,175
9.00 00900	HOUSEKEEPING	5,650,531	0	0	166,772	5,817,303
10.00 01000	DIETARY	1,140,199	177,102	318,247	31,970	1,667,518
11.00 01100	CAFETERIA	2,606,883	340,662	612,162	106,352	3,666,059
13.00 01300	NURSING ADMINISTRATION	10,524,197	70,339	126,398	310,202	11,031,136
14.00 01400	CENTRAL SERVICES & SUPPLY	4,465,049	0	0	40,814	4,505,863
15.00 01500	PHARMACY	9,630,829	0	0	351,186	9,982,015
16.00 01600	MEDICAL RECORDS & LIBRARY	3,295,480	127,288	228,733	95,994	3,747,495
17.00 01700	SOCIAL SERVICE	4,748,381	113,597	204,131	162,340	5,228,449
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	59,466,995	77,410	139,103	466,635	60,150,143
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	35,319,269	2,391,728	4,297,880	1,309,334	43,318,211
31.00 03100	INTENSIVE CARE UNIT	14,888,591	266,981	479,758	513,668	16,148,998
35.00 02060	NEONATAL INTENSIVE CARE UNIT	35,173,948	659,664	1,185,400	1,226,859	38,245,871
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	18,085,692	747,872	1,343,908	425,196	20,602,668
51.00 05100	RECOVERY ROOM	9,030,112	365,794	657,324	220,522	10,273,752
53.00 05300	ANESTHESIOLOGY	1,821,633	0	0	19,517	1,841,150
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,847,601	305,911	549,714	164,580	5,867,806
55.00 05500	RADIOLOGY-THERAPEUTIC	1,096,468	48,657	87,435	27,555	1,260,115
57.00 05700	CT SCAN	115,323	11,870	21,329	2,730	151,252
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,070,854	41,351	74,307	35,434	1,221,946
59.00 05900	CARDIAC CATHETERIZATION	257,450	93,393	167,825	32,795	551,463
60.00 06000	LABORATORY	19,103,906	272,916	490,423	241,381	20,108,626
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	3,610,014	18,169	32,649	49,772	3,710,604
65.00 06500	RESPIRATORY THERAPY	5,442,095	75,289	135,292	218,767	5,871,443
66.00 06600	PHYSICAL THERAPY	5,018,227	377,043	677,537	181,259	6,254,066
67.00 06700	OCCUPATIONAL THERAPY	1,501,982	0	0	60,264	1,562,246
68.00 06800	SPEECH PATHOLOGY	3,002,861	102,049	183,379	116,049	3,404,338
69.00 06900	ELECTROCARDIOLOGY	2,053,447	0	0	0	2,053,447
70.00 07000	ELECTROENCEPHALOGRAPHY	927,709	39,444	70,880	30,492	1,068,525
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,357,705	300,640	540,243	0	11,198,588
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,401,492	0	0	0	10,401,492
73.00 07300	DRUGS CHARGED TO PATIENTS	24,001,964	136,993	246,174	0	24,385,131
74.00 07400	RENAL DIALYSIS	894,670	66,911	120,238	11,501	1,093,320
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	7,505,416	517,507	929,948	201,635	9,154,506
91.00 09100	EMERGENCY	11,785,878	366,716	658,979	273,967	13,085,540
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	2,086	0	0	0	2,086
95.00 09500	AMBULANCE SERVICES	4,716,294	29,481	52,977	189,105	4,987,857
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	247,343	0	0	0	247,343
106.00 10600	HEART ACQUISITION	1,153,395	0	0	0	1,153,395
107.00 10700	LIVER ACQUISITION	946,099	0	0	0	946,099
108.00 10800	LUNG ACQUISITION	671,364	0	0	0	671,364
112.00 08600	BONE MARROW ACQUISITION	344,610	0	0	0	344,610
118.00	SUBTOTALS (SUM OF LINES 1-117)	521,535,519	14,595,882	26,228,463	10,679,613	520,665,530
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,147	38,000	0	59,147
192.00 19200	PHYSICIANS' PRIVATE OFFICES	6,891	0	0	0	6,891
194.00 07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	12,851,142	174,830	314,166	263,355	13,603,493
194.01 07951	RETAIL PHARMACY	3,422,713	13,477	24,217	20,797	3,481,204
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	537,816,265	14,805,336	26,604,846	10,963,765	537,816,265

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

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

Worksheet B Part I Date/Time Prepared: 5/22/2017 10:03 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	145,226,642				5.00
6.00	00600	MAINTENANCE & REPAIRS	243,764	902,727			6.00
7.00	00700	OPERATION OF PLANT	2,764,009	26,593	10,262,513		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	119,919	4,672	54,727	503,493	8.00
9.00	00900	HOUSEKEEPING	2,151,937	0	0	0	7,969,240
10.00	01000	DIETARY	616,848	18,479	216,447	0	168,981
11.00	01100	CAFETERIA	1,356,149	35,544	416,345	0	325,041
13.00	01300	NURSING ADMINISTRATION	4,080,638	7,339	85,966	0	67,114
14.00	01400	CENTRAL SERVICES & SUPPLY	1,666,809	0	0	0	0
15.00	01500	PHARMACY	3,692,547	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,386,273	13,281	155,566	0	121,451
17.00	01700	SOCIAL SERVICE	1,934,108	11,853	138,834	0	108,388
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22,250,627	8,077	94,607	0	73,860
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,024,273	249,549	2,923,085	296,454	2,282,059
31.00	03100	INTENSIVE CARE UNIT	5,973,837	27,856	326,294	25,151	254,738
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,147,913	68,829	806,217	77,772	629,415
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,621,339	78,032	914,021	4,919	713,578
51.00	05100	RECOVERY ROOM	3,800,466	38,167	447,060	20,561	349,021
53.00	05300	ANESTHESIOLOGY	681,078	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,170,619	31,918	373,873	13,646	291,883
55.00	05500	RADIOLOGY-THERAPEUTIC	466,142	5,077	59,467	1,047	46,426
57.00	05700	CT SCAN	55,951	1,238	14,507	0	11,325
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	452,022	4,314	50,537	7,627	39,455
59.00	05900	CARDIAC CATHETERIZATION	203,997	9,745	114,141	4,751	89,110
60.00	06000	LABORATORY	7,438,583	28,476	333,547	0	260,401
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,372,627	1,896	22,205	0	17,336
65.00	06500	RESPIRATORY THERAPY	2,171,964	7,856	92,015	0	71,836
66.00	06600	PHYSICAL THERAPY	2,313,504	39,340	460,808	5,723	359,753
67.00	06700	OCCUPATIONAL THERAPY	577,906	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	1,259,333	10,648	124,720	0	97,369
69.00	06900	ELECTROCARDIOLOGY	759,611	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	395,269	4,116	48,207	262	37,635
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,142,582	31,368	367,431	0	286,854
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,847,720	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	9,020,548	14,294	167,428	0	130,712
74.00	07400	RENAL DIALYSIS	404,441	6,981	81,776	341	63,843
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,386,435	53,996	632,478	5,139	493,777
91.00	09100	EMERGENCY	4,840,603	38,263	448,186	40,098	349,900
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	772	0	0	0	0
95.00	09500	AMBULANCE SERVICES	1,845,108	3,076	36,031	0	28,129
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	91,497	0	0	0	0
106.00	10600	HEART ACQUISITION	426,664	0	0	0	0
107.00	10700	LIVER ACQUISITION	349,981	0	0	0	0
108.00	10800	LUNG ACQUISITION	248,351	0	0	0	0
112.00	08600	BONE MARROW ACQUISITION	127,478	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	138,882,242	880,873	10,006,526	503,491	7,769,390
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,880	2,206	25,845	0	20,177
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,549	0	0	2	0
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	5,032,204	18,242	213,671	0	166,814
194.01	07951	RETAIL PHARMACY	1,287,767	1,406	16,471	0	12,859
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	145,226,642	902,727	10,262,513	503,493	7,969,240

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 10:03 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	2,688,273					10.00
11.00	01100	1,750,733	7,549,871				11.00
13.00	01300	0	239,207	15,511,400			13.00
14.00	01400	0	0	0	6,172,672		14.00
15.00	01500	0	0	0	0	13,674,562	15.00
16.00	01600	0	128,231	0	0	0	16.00
17.00	01700	0	113,539	0	0	0	17.00
22.00	02200	0	574,416	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	134,654	1,762,302	5,340,343	0	0	30.00
31.00	03100	27,278	503,136	1,722,216	0	0	31.00
35.00	02060	0	1,071,638	3,804,281	0	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	372,414	1,318,467	0	0	50.00
51.00	05100	0	202,434	783,250	0	0	51.00
53.00	05300	0	31,008	17,533	0	0	53.00
54.00	05400	0	185,827	0	0	0	54.00
55.00	05500	0	26,199	56,618	0	0	55.00
57.00	05700	0	2,574	0	0	0	57.00
58.00	05800	0	36,366	0	0	0	58.00
59.00	05900	0	29,532	103,444	0	0	59.00
60.00	06000	0	297,045	0	0	0	60.00
63.00	06300	0	24,597	0	0	0	63.00
65.00	06500	0	247,487	0	0	0	65.00
66.00	06600	0	179,151	0	0	0	66.00
67.00	06700	0	54,335	0	0	0	67.00
68.00	06800	0	126,296	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	49,762	0	0	0	70.00
71.00	07100	0	73,648	0	3,437,901	0	71.00
72.00	07200	0	0	0	2,734,771	0	72.00
73.00	07300	0	281,722	0	0	13,650,458	73.00
74.00	07400	0	37,489	117,540	0	24,104	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	166,987	466,021	0	0	90.00
91.00	09100	0	284,539	934,295	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	162,582	528,887	0	0	95.00
98.00	09850	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		1,912,665	7,264,463	15,192,895	6,172,672	13,674,562	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	775,608	263,826	318,505	0	0	194.00
194.01	07951	0	21,582	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,688,273	7,549,871	15,511,400	6,172,672	13,674,562	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 10:03 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	16.00	17.00	22.00				24.00
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.00 00500 ADMINISTRATIVE & GENERAL						5.00	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
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	5,552,297					16.00	
17.00 01700 SOCIAL SERVICE	0	7,535,171				17.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	83,151,730			22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,398,118	3,523,006	21,875,499	99,127,553	-21,875,499	30.00	
31.00 03100 INTENSIVE CARE UNIT	283,206	713,750	6,790,867	32,797,327	-6,790,867	31.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	1,067,072	2,688,925	9,468,537	72,076,470	-9,468,537	35.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	14,125,546	45,750,984	-14,125,546	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	15,914,711	0	51.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	2,570,769	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	1,341,480	10,277,052	-1,341,480	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	1,624,538	3,545,629	-1,624,538	55.00	
57.00 05700 CT SCAN	0	0	971,963	1,208,810	-971,963	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	971,963	2,784,230	-971,963	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	894,473	2,000,656	-894,473	59.00	
60.00 06000 LABORATORY	0	0	0	28,466,678	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,149,265	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	437,579	8,900,180	-437,579	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	9,612,345	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,194,487	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	1,042,555	6,065,259	-1,042,555	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	2,813,058	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	925,745	2,529,521	-925,745	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,538,372	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,983,983	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	47,650,293	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	1,829,835	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	2,006,914	0	13,436,181	29,802,434	-13,436,181	90.00	
91.00 09100 EMERGENCY	796,987	609,490	9,244,804	30,672,705	-9,244,804	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	2,858	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	7,591,670	0	95.00	
98.00 09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	338,840	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	1,580,059	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	1,296,080	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	919,715	0	108.00	
112.00 08600 BONE MARROW ACQUISITION	0	0	0	472,088	0	112.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,552,297	7,535,171	83,151,730	512,463,916	-83,151,730	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	129,255	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	9,442	0	192.00	
194.00 07950 VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0	0	20,392,363	0	194.00	
194.01 07951 RETAIL PHARMACY	0	0	0	4,821,289	0	194.01	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	5,552,297	7,535,171	83,151,730	537,816,265	-83,151,730	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-3301

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
95.00	09500	AMBULANCE SERVICES	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	98.00
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
108.00	10800	LUNG ACQUISITION	108.00
112.00	08600	BONE MARROW ACQUISITION	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00
194.01	07951	RETAIL PHARMACY	194.01
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

COST ALLOCATION STATISTICS

Provider CCN: 26-3301

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

Worksheet Non-CMS W
Date/Time Prepared:
5/22/2017 10:03 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	21	ASSIGNED TIME	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	18	TIME SPENT	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-3301

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2017 10:03 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,835	25,132	45,161	72,128	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	196,294	6,019,950	10,817,720	17,033,964	5.00
6.00 00600	MAINTENANCE & REPAIRS	6,618	108,369	194,737	309,724	6.00
7.00 00700	OPERATION OF PLANT	6,076	254,875	458,005	718,956	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	72	44,779	80,467	125,318	8.00
9.00 00900	HOUSEKEEPING	5,662	0	0	5,662	9.00
10.00 01000	DIETARY	2,405	177,102	318,247	497,754	10.00
11.00 01100	CAFETERIA	3,669	340,662	612,162	956,493	11.00
13.00 01300	NURSING ADMINISTRATION	19,504	70,339	126,398	216,241	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	8,910	127,288	228,733	364,931	16.00
17.00 01700	SOCIAL SERVICE	17,647	113,597	204,131	335,375	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	21,967	77,410	139,103	238,480	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	58,140	2,391,728	4,297,880	6,747,748	30.00
31.00 03100	INTENSIVE CARE UNIT	12,208	266,981	479,758	758,947	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	38,173	659,664	1,185,400	1,883,237	35.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,376	747,872	1,343,908	2,115,156	50.00
51.00 05100	RECOVERY ROOM	17,065	365,794	657,324	1,040,183	51.00
53.00 05300	ANESTHESIOLOGY	678	0	0	678	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,548	305,911	549,714	870,173	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,693	48,657	87,435	138,785	55.00
57.00 05700	CT SCAN	0	11,870	21,329	33,199	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,293	41,351	74,307	117,951	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,369	93,393	167,825	265,587	59.00
60.00 06000	LABORATORY	9,946	272,916	490,423	773,285	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	982	18,169	32,649	51,800	63.00
65.00 06500	RESPIRATORY THERAPY	5,718	75,289	135,292	216,299	65.00
66.00 06600	PHYSICAL THERAPY	27,084	377,043	677,537	1,081,664	66.00
67.00 06700	OCCUPATIONAL THERAPY	394	0	0	394	67.00
68.00 06800	SPEECH PATHOLOGY	5,256	102,049	183,379	290,684	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	4,283	39,444	70,880	114,607	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,515	300,640	540,243	845,398	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,326	136,993	246,174	395,493	73.00
74.00 07400	RENAL DIALYSIS	4,469	66,911	120,238	191,618	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	10,362	517,507	929,948	1,457,817	90.00
91.00 09100	EMERGENCY	17,027	366,716	658,979	1,042,722	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	8,047	29,481	52,977	90,505	95.00
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	98.00
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
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
112.00 08600	BONE MARROW ACQUISITION	0	0	0	0	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	574,611	14,595,882	26,228,463	41,398,956	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,147	38,000	59,147	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	23,710	174,830	314,166	512,706	194.00
194.01 07951	RETAIL PHARMACY	1,142	13,477	24,217	38,836	194.01
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)	599,463	14,805,336	26,604,846	42,009,645	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 26-3301		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/22/2017 10:03 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,055,834					5.00
6.00	00600	MAINTENANCE & REPAIRS	28,628	338,417				6.00
7.00	00700	OPERATION OF PLANT	324,610	9,969	1,053,935			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,083	1,752	5,620	146,773		8.00
9.00	00900	HOUSEKEEPING	252,727	0	0	0	259,486	9.00
10.00	01000	DIETARY	72,444	6,927	22,229	0	5,502	10.00
11.00	01100	CAFETERIA	159,268	13,325	42,758	0	10,584	11.00
13.00	01300	NURSING ADMINISTRATION	479,237	2,751	8,829	0	2,185	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	195,753	0	0	0	0	14.00
15.00	01500	PHARMACY	433,659	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	162,806	4,979	15,976	0	3,955	16.00
17.00	01700	SOCIAL SERVICE	227,145	4,443	14,258	0	3,529	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,613,335	3,028	9,716	0	2,405	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,881,916	93,554	300,192	86,419	74,305	30.00
31.00	03100	INTENSIVE CARE UNIT	701,577	10,443	33,510	7,332	8,295	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,661,554	25,803	82,797	22,671	20,494	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	895,062	29,253	93,868	1,434	23,235	50.00
51.00	05100	RECOVERY ROOM	446,333	14,308	45,912	5,994	11,364	51.00
53.00	05300	ANESTHESIOLOGY	79,987	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	254,921	11,966	38,396	3,978	9,504	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	54,744	1,903	6,107	305	1,512	55.00
57.00	05700	CT SCAN	6,571	464	1,490	0	369	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	53,086	1,617	5,190	2,223	1,285	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,958	3,653	11,722	1,385	2,902	59.00
60.00	06000	LABORATORY	873,599	10,675	34,255	0	8,479	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	161,203	711	2,280	0	564	63.00
65.00	06500	RESPIRATORY THERAPY	255,079	2,945	9,450	0	2,339	65.00
66.00	06600	PHYSICAL THERAPY	271,702	14,748	47,324	1,668	11,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,870	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	147,898	3,992	12,808	0	3,170	68.00
69.00	06900	ELECTROCARDIOLOGY	89,210	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	46,421	1,543	4,951	76	1,225	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	486,511	11,759	37,734	0	9,340	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	451,882	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,059,388	5,358	17,194	0	4,256	73.00
74.00	07400	RENAL DIALYSIS	47,498	2,617	8,398	100	2,079	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	397,708	20,242	64,954	1,498	16,078	90.00
91.00	09100	EMERGENCY	568,488	14,344	46,028	11,689	11,393	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	91	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	216,692	1,153	3,700	0	916	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,746	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	50,108	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	41,102	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	29,167	0	0	0	0	108.00
112.00	08600	BONE MARROW ACQUISITION	14,971	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,310,738	330,225	1,027,646	146,772	252,978	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,570	827	2,654	0	657	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	299	0	0	1	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	590,990	6,838	21,944	0	5,432	194.00
194.01	07951	RETAIL PHARMACY	151,237	527	1,691	0	419	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	17,055,834	338,417	1,053,935	146,773	259,486	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-3301

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2017 10:03 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	605,066					10.00
11.00	01100	394,048	1,577,176				11.00
13.00	01300	0	49,971	761,255			13.00
14.00	01400	0	0	0	196,022		14.00
15.00	01500	0	0	0	0	435,969	15.00
16.00	01600	0	26,788	0	0	0	16.00
17.00	01700	0	23,718	0	0	0	17.00
22.00	02200	0	119,996	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	30,307	368,147	262,089	0	0	30.00
31.00	03100	6,140	105,106	84,521	0	0	31.00
35.00	02060	0	223,866	186,703	0	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	77,798	64,707	0	0	50.00
51.00	05100	0	42,289	38,440	0	0	51.00
53.00	05300	0	6,478	860	0	0	53.00
54.00	05400	0	38,819	0	0	0	54.00
55.00	05500	0	5,473	2,779	0	0	55.00
57.00	05700	0	538	0	0	0	57.00
58.00	05800	0	7,597	0	0	0	58.00
59.00	05900	0	6,169	5,077	0	0	59.00
60.00	06000	0	62,053	0	0	0	60.00
63.00	06300	0	5,138	0	0	0	63.00
65.00	06500	0	51,700	0	0	0	65.00
66.00	06600	0	37,425	0	0	0	66.00
67.00	06700	0	11,351	0	0	0	67.00
68.00	06800	0	26,383	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	10,395	0	0	0	70.00
71.00	07100	0	15,385	0	109,173	0	71.00
72.00	07200	0	0	0	86,849	0	72.00
73.00	07300	0	58,852	0	0	435,201	73.00
74.00	07400	0	7,832	5,769	0	768	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	34,884	22,871	0	0	90.00
91.00	09100	0	59,441	45,852	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	33,963	25,956	0	0	95.00
98.00	09850	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		430,495	1,517,555	745,624	196,022	435,969	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	174,571	55,113	15,631	0	0	194.00
194.01	07951	0	4,508	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		605,066	1,577,176	761,255	196,022	435,969	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/22/2017 10:03 am
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	16.00	17.00	22.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
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	580,067			16.00
17.00 01700	SOCIAL SERVICE	0	609,536		17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	2,990,030	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	146,066	284,983	10,284,340	0 30.00
31.00 03100	INTENSIVE CARE UNIT	29,587	57,737	1,806,574	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	111,481	217,513	4,444,190	0 35.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	3,303,310	0 50.00
51.00 05100	RECOVERY ROOM	0	0	1,646,274	0 51.00
53.00 05300	ANESTHESIOLOGY	0	0	88,131	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	1,228,840	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	211,789	0 55.00
57.00 05700	CT SCAN	0	0	42,649	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	189,182	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	320,669	0 59.00
60.00 06000	LABORATORY	0	0	1,763,934	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	222,023	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	539,251	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	1,467,437	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	80,011	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	485,698	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	89,210	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	179,419	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,515,300	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	538,731	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	1,975,742	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	266,755	0 74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	209,669	0	2,227,048	0 90.00
91.00 09100	EMERGENCY	83,264	49,303	1,934,326	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	91	0 94.00
95.00 09500	AMBULANCE SERVICES	0	0	374,129	0 95.00
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0 98.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500	KIDNEY ACQUISITION	0	0	10,746	0 105.00
106.00 10600	HEART ACQUISITION	0	0	50,108	0 106.00
107.00 10700	LIVER ACQUISITION	0	0	41,102	0 107.00
108.00 10800	LUNG ACQUISITION	0	0	29,167	0 108.00
112.00 08600	BONE MARROW ACQUISITION	0	0	14,971	0 112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	580,067	609,536	0	37,371,147 0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	65,855	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	300	0 192.00
194.00 07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0	1,384,958	0 194.00
194.01 07951	RETAIL PHARMACY	0	0	197,355	0 194.01
200.00	Cross Foot Adjustments			2,990,030	0 200.00
201.00	Negative Cost Centers	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	580,067	609,536	2,990,030	42,009,645 0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/22/2017 10:03 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
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
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	10,284,340	30.00
31.00	03100 INTENSIVE CARE UNIT	1,806,574	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,444,190	35.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	3,303,310	50.00
51.00	05100 RECOVERY ROOM	1,646,274	51.00
53.00	05300 ANESTHESIOLOGY	88,131	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,228,840	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	211,789	55.00
57.00	05700 CT SCAN	42,649	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	189,182	58.00
59.00	05900 CARDIAC CATHETERIZATION	320,669	59.00
60.00	06000 LABORATORY	1,763,934	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	222,023	63.00
65.00	06500 RESPIRATORY THERAPY	539,251	65.00
66.00	06600 PHYSICAL THERAPY	1,467,437	66.00
67.00	06700 OCCUPATIONAL THERAPY	80,011	67.00
68.00	06800 SPEECH PATHOLOGY	485,698	68.00
69.00	06900 ELECTROCARDIOLOGY	89,210	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	179,419	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,515,300	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	538,731	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,975,742	73.00
74.00	07400 RENAL DIALYSIS	266,755	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	2,227,048	90.00
91.00	09100 EMERGENCY	1,934,326	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	91	94.00
95.00	09500 AMBULANCE SERVICES	374,129	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	98.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	10,746	105.00
106.00	10600 HEART ACQUISITION	50,108	106.00
107.00	10700 LIVER ACQUISITION	41,102	107.00
108.00	10800 LUNG ACQUISITION	29,167	108.00
112.00	08600 BONE MARROW ACQUISITION	14,971	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	37,371,147	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	65,855	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	300	192.00
194.00	07950 VARIOUS NONREIMBURSABLE DEPARTMENTS	1,384,958	194.00
194.01	07951 RETAIL PHARMACY	197,355	194.01
200.00	Cross Foot Adjustments	2,990,030	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	42,009,645	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet B-1
Date/Time Prepared:
5/22/2017 10:03 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	691,021				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		691,021			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,173	1,173	218,573,991		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	280,974	280,974	66,273,458	-145,226,642	392,589,623
6.00 00600	MAINTENANCE & REPAIRS	5,058	5,058	195,500	0	658,963
7.00 00700	OPERATION OF PLANT	11,896	11,896	1,211,919	0	7,471,911
8.00 00800	LAUNDRY & LINEN SERVICE	2,090	2,090	0	0	324,175
9.00 00900	HOUSEKEEPING	0	0	3,324,795	0	5,817,303
10.00 01000	DIETARY	8,266	8,266	637,365	0	1,667,518
11.00 01100	CAFETERIA	15,900	15,900	2,120,256	0	3,666,059
13.00 01300	NURSING ADMINISTRATION	3,283	3,283	6,184,241	0	11,031,136
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	813,669	0	4,505,863
15.00 01500	PHARMACY	0	0	7,001,317	0	9,982,015
16.00 01600	MEDICAL RECORDS & LIBRARY	5,941	5,941	1,913,748	0	3,747,495
17.00 01700	SOCIAL SERVICE	5,302	5,302	3,236,448	0	5,228,449
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,613	3,613	9,302,933	0	60,150,143
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	111,631	111,631	26,103,145	0	43,318,211
31.00 03100	INTENSIVE CARE UNIT	12,461	12,461	10,240,581	0	16,148,998
35.00 02060	NEONATAL INTENSIVE CARE UNIT	30,789	30,789	24,458,919	0	38,245,871
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	34,906	34,906	8,476,795	0	20,602,668
51.00 05100	RECOVERY ROOM	17,073	17,073	4,396,377	0	10,273,752
53.00 05300	ANESTHESIOLOGY	0	0	389,099	0	1,841,150
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,278	14,278	3,281,094	0	5,867,806
55.00 05500	RADIOLOGY-THERAPEUTIC	2,271	2,271	549,340	0	1,260,115
57.00 05700	CT SCAN	554	554	54,435	0	151,252
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,930	1,930	706,420	0	1,221,946
59.00 05900	CARDIAC CATHETERIZATION	4,359	4,359	653,808	0	551,463
60.00 06000	LABORATORY	12,738	12,738	4,812,218	0	20,108,626
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	848	848	992,270	0	3,710,604
65.00 06500	RESPIRATORY THERAPY	3,514	3,514	4,361,379	0	5,871,443
66.00 06600	PHYSICAL THERAPY	17,598	17,598	3,613,620	0	6,254,066
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,201,427	0	1,562,246
68.00 06800	SPEECH PATHOLOGY	4,763	4,763	2,313,575	0	3,404,338
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	2,053,447
70.00 07000	ELECTROENCEPHALOGRAPHY	1,841	1,841	607,897	0	1,068,525
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,032	14,032	0	0	11,198,588
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,401,492
73.00 07300	DRUGS CHARGED TO PATIENTS	6,394	6,394	0	0	24,385,131
74.00 07400	RENAL DIALYSIS	3,123	3,123	229,279	0	1,093,320
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	24,154	24,154	4,019,833	0	9,154,506
91.00 09100	EMERGENCY	17,116	17,116	5,461,868	0	13,085,540
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	2,086
95.00 09500	AMBULANCE SERVICES	1,376	1,376	3,770,041	0	4,987,857
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	247,343
106.00 10600	HEART ACQUISITION	0	0	0	0	1,153,395
107.00 10700	LIVER ACQUISITION	0	0	0	0	946,099
108.00 10800	LUNG ACQUISITION	0	0	0	0	671,364
112.00 08600	BONE MARROW ACQUISITION	0	0	0	0	344,610
118.00	SUBTOTALS (SUM OF LINES 1-117)	681,245	681,245	212,909,069	-145,226,642	375,438,888
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	987	987	0	0	59,147
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,891
194.00 07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	8,160	8,160	5,250,307	0	13,603,493
194.01 07951	RETAIL PHARMACY	629	629	414,615	0	3,481,204
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	14,805,336	26,604,846	10,963,765		145,226,642
203.00	Unit cost multiplier (Wkst. B, Part I)	21.425305	38.500778	0.050160		0.369920
204.00	Cost to be allocated (per Wkst. B, Part II)			72,128		17,055,834

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part II)			4.00 0.000330	5A	5.00 0.043444	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	403,816					6.00
7.00	00700	11,896	391,920				7.00
8.00	00800	2,090	2,090	1,253,356			8.00
9.00	00900	0	0	0	389,830		9.00
10.00	01000	8,266	8,266	0	8,266	2,029,595	10.00
11.00	01100	15,900	15,900	0	15,900	1,321,771	11.00
13.00	01300	3,283	3,283	0	3,283	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	5,941	5,941	0	5,941	0	16.00
17.00	01700	5,302	5,302	0	5,302	0	17.00
22.00	02200	3,613	3,613	0	3,613	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	111,631	111,631	737,967	111,631	101,661	30.00
31.00	03100	12,461	12,461	62,608	12,461	20,594	31.00
35.00	02060	30,789	30,789	193,599	30,789	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	34,906	34,906	12,246	34,906	0	50.00
51.00	05100	17,073	17,073	51,184	17,073	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	14,278	14,278	33,969	14,278	0	54.00
55.00	05500	2,271	2,271	2,606	2,271	0	55.00
57.00	05700	554	554	0	554	0	57.00
58.00	05800	1,930	1,930	18,986	1,930	0	58.00
59.00	05900	4,359	4,359	11,828	4,359	0	59.00
60.00	06000	12,738	12,738	0	12,738	0	60.00
63.00	06300	848	848	0	848	0	63.00
65.00	06500	3,514	3,514	0	3,514	0	65.00
66.00	06600	17,598	17,598	14,246	17,598	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	4,763	4,763	0	4,763	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	1,841	1,841	653	1,841	0	70.00
71.00	07100	14,032	14,032	0	14,032	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	6,394	6,394	0	6,394	0	73.00
74.00	07400	3,123	3,123	850	3,123	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	24,154	24,154	12,792	24,154	0	90.00
91.00	09100	17,116	17,116	99,817	17,116	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	1,376	1,376	0	1,376	0	95.00
98.00	09850	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		394,040	382,144	1,253,351	380,054	1,444,026	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	987	987	0	987	0	190.00
192.00	19200	0	0	5	0	0	192.00
194.00	07950	8,160	8,160	0	8,160	585,569	194.00
194.01	07951	629	629	0	629	0	194.01
200.00							200.00
201.00							201.00
202.00		902,727	10,262,513	503,493	7,969,240	2,688,273	202.00
203.00		2.235491	26.185224	0.401716	20.442860	1.324537	203.00
204.00		338,417	1,053,935	146,773	259,486	605,066	204.00
205.00		0.838048	2.689159	0.117104	0.665639	0.298122	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

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Cost Center Description		CAFETERIA (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	4,434,731					11.00
13.00	01300	140,508	1,859,685				13.00
14.00	01400	0	0	23,414,614			14.00
15.00	01500	0	0	0	24,955,208		15.00
16.00	01600	75,322	0	0	0	75,323	16.00
17.00	01700	66,692	0	0	0	0	17.00
22.00	02200	337,407	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,035,161	640,262	0	0	18,967	30.00
31.00	03100	295,538	206,479	0	0	3,842	31.00
35.00	02060	629,471	456,101	0	0	14,476	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	218,753	158,073	0	0	0	50.00
51.00	05100	118,908	93,905	0	0	0	51.00
53.00	05300	18,214	2,102	0	0	0	53.00
54.00	05400	109,153	0	0	0	0	54.00
55.00	05500	15,389	6,788	0	0	0	55.00
57.00	05700	1,512	0	0	0	0	57.00
58.00	05800	21,361	0	0	0	0	58.00
59.00	05900	17,347	12,402	0	0	0	59.00
60.00	06000	174,482	0	0	0	0	60.00
63.00	06300	14,448	0	0	0	0	63.00
65.00	06500	145,372	0	0	0	0	65.00
66.00	06600	105,232	0	0	0	0	66.00
67.00	06700	31,916	0	0	0	0	67.00
68.00	06800	74,185	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	29,230	0	0	0	0	70.00
71.00	07100	43,260	0	13,040,897	0	0	71.00
72.00	07200	0	0	10,373,717	0	0	72.00
73.00	07300	165,481	0	0	24,911,219	0	73.00
74.00	07400	22,021	14,092	0	43,989	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	98,087	55,872	0	0	27,226	90.00
91.00	09100	167,136	112,014	0	0	10,812	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	95,499	63,409	0	0	0	95.00
98.00	09850	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		4,267,085	1,821,499	23,414,614	24,955,208	75,323	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	154,969	38,186	0	0	0	194.00
194.01	07951	12,677	0	0	0	0	194.01
200.00							200.00
201.00							201.00
202.00		7,549,871	15,511,400	6,172,672	13,674,562	5,552,297	202.00
203.00		1.702442	8.340875	0.263625	0.547964	73.713169	203.00
204.00		1,577,176	761,255	196,022	435,969	580,067	204.00
205.00		0.355642	0.409346	0.008372	0.017470	7.701061	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301

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

Worksheet B-1
Date/Time Prepared:
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Line	Code	Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	
			(TIME SPENT)	SERVICES-OTHER PRGM COSTS	
			17.00	(TIME SPENT) 22.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
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	18,285		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	361,621	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	8,549	95,135	30.00
31.00	03100	INTENSIVE CARE UNIT	1,732	29,533	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,525	41,178	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	61,431	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,834	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,065	55.00
57.00	05700	CT SCAN	0	4,227	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,227	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,890	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,903	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,534	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,026	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	58,433	90.00
91.00	09100	EMERGENCY	1,479	40,205	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
112.00	08600	BONE MARROW ACQUISITION	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,285	361,621	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	194.01
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,535,171	83,151,730	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	412.095762	229.941652	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	609,536	2,990,030	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	33.335302	8.268408	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2017 10:03 am

		Title XVIII		Hospital		Tefra	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		77,252,054	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		26,006,460	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		62,607,933	0	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		31,625,438	0	0	50.00
51.00	05100	RECOVERY ROOM		15,914,711	0	0	51.00
53.00	05300	ANESTHESIOLOGY		2,570,769	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		8,935,572	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		1,921,091	0	0	55.00
57.00	05700	CT SCAN		236,847	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		1,812,267	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		1,106,183	0	0	59.00
60.00	06000	LABORATORY		28,466,678	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		5,149,265	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,462,601	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,612,345	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,194,487	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,022,704	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		2,813,058	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,603,776	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		19,538,372	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		16,983,983	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		47,650,293	0	0	73.00
74.00	07400	RENAL DIALYSIS		1,829,835	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		16,366,253	0	0	90.00
91.00	09100	EMERGENCY		21,427,901	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		7,457,185	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		2,858	0	0	94.00
95.00	09500	AMBULANCE SERVICES		7,591,670	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS		0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		338,840		0	105.00
106.00	10600	HEART ACQUISITION		1,580,059		0	106.00
107.00	10700	LIVER ACQUISITION		1,296,080		0	107.00
108.00	10800	LUNG ACQUISITION		919,715		0	108.00
112.00	08600	BONE MARROW ACQUISITION		472,088		0	112.00
200.00		Subtotal (see instructions)	0	436,769,371	0	0	200.00
201.00		Less Observation Beds		7,457,185		0	201.00
202.00		Total (see instructions)	0	429,312,186	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XVIII			Hospital	Tefra	
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	92,668,314		92,668,314		30.00
31.00	03100	INTENSIVE CARE UNIT	40,727,939		40,727,939		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	99,368,258		99,368,258		35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,974,054	46,646,632	92,620,686	0.341451	50.00
51.00	05100	RECOVERY ROOM	2,866,319	16,799,007	19,665,326	0.809278	51.00
53.00	05300	ANESTHESIOLOGY	8,644,723	14,581,035	23,225,758	0.110686	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,830,611	28,050,258	39,880,869	0.224057	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,089,783	3,802,604	6,892,387	0.278727	55.00
57.00	05700	CT SCAN	5,607,171	7,405,337	13,012,508	0.018201	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,347,178	38,508,353	48,855,531	0.037094	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,992,708	14,053,174	20,045,882	0.055183	59.00
60.00	06000	LABORATORY	61,317,044	55,254,474	116,571,518	0.244199	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,328,598	6,531,157	18,859,755	0.273029	63.00
65.00	06500	RESPIRATORY THERAPY	34,335,426	1,071,954	35,407,380	0.239007	65.00
66.00	06600	PHYSICAL THERAPY	4,761,351	8,047,022	12,808,373	0.750474	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,903,641	3,100,373	6,004,014	0.365503	67.00
68.00	06800	SPEECH PATHOLOGY	1,102,851	7,551,538	8,654,389	0.580365	68.00
69.00	06900	ELECTROCARDIOLOGY	4,791,079	747,422	5,538,501	0.507910	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,393,122	3,180,304	7,573,426	0.211764	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,530,867	11,249,809	49,780,676	0.392489	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,621,902	10,151,053	31,772,955	0.534542	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	71,858,840	45,608,825	117,467,665	0.405646	73.00
74.00	07400	RENAL DIALYSIS	1,401,827	927,333	2,329,160	0.785620	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,522,084	15,292,256	16,814,340	0.973351	90.00
91.00	09100	EMERGENCY	12,242,561	42,834,822	55,077,383	0.389051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,454,094	7,895,007	9,349,101	0.797637	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	957,811	957,811	0.002984	94.00
95.00	09500	AMBULANCE SERVICES	5,486,216	4,149,043	9,635,259	0.787905	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0.000000	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	479,410	0	479,410		105.00
106.00	10600	HEART ACQUISITION	2,318,757	0	2,318,757		106.00
107.00	10700	LIVER ACQUISITION	2,144,790	0	2,144,790		107.00
108.00	10800	LUNG ACQUISITION	1,565,660	0	1,565,660		108.00
112.00	08600	BONE MARROW ACQUISITION	736,097	0	736,097		112.00
200.00		Subtotal (see instructions)	614,413,275	394,396,603	1,008,809,878		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	614,413,275	394,396,603	1,008,809,878		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/22/2017 10:03 am
		Title XVIII	Hospital	Tefra

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
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
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	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
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	98.00
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
108.00	10800	LUNG ACQUISITION		108.00
112.00	08600	BONE MARROW ACQUISITION		112.00
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: 26-3301

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2017 10:03 am

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,252,054		77,252,054	0	77,252,054	30.00
31.00	03100	INTENSIVE CARE UNIT	26,006,460		26,006,460	0	26,006,460	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	62,607,933		62,607,933	0	62,607,933	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,625,438		31,625,438	0	31,625,438	50.00
51.00	05100	RECOVERY ROOM	15,914,711		15,914,711	0	15,914,711	51.00
53.00	05300	ANESTHESIOLOGY	2,570,769		2,570,769	0	2,570,769	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,935,572		8,935,572	0	8,935,572	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,921,091		1,921,091	0	1,921,091	55.00
57.00	05700	CT SCAN	236,847		236,847	0	236,847	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,812,267		1,812,267	0	1,812,267	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,106,183		1,106,183	0	1,106,183	59.00
60.00	06000	LABORATORY	28,466,678		28,466,678	0	28,466,678	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,149,265		5,149,265	0	5,149,265	63.00
65.00	06500	RESPIRATORY THERAPY	8,462,601	0	8,462,601	0	8,462,601	65.00
66.00	06600	PHYSICAL THERAPY	9,612,345	0	9,612,345	0	9,612,345	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,194,487	0	2,194,487	0	2,194,487	67.00
68.00	06800	SPEECH PATHOLOGY	5,022,704	0	5,022,704	0	5,022,704	68.00
69.00	06900	ELECTROCARDIOLOGY	2,813,058		2,813,058	0	2,813,058	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,603,776		1,603,776	0	1,603,776	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,538,372		19,538,372	0	19,538,372	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,983,983		16,983,983	0	16,983,983	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,650,293		47,650,293	0	47,650,293	73.00
74.00	07400	RENAL DIALYSIS	1,829,835		1,829,835	0	1,829,835	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	16,366,253		16,366,253	0	16,366,253	90.00
91.00	09100	EMERGENCY	21,427,901		21,427,901	0	21,427,901	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,457,185		7,457,185	0	7,457,185	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	2,858		2,858	0	2,858	94.00
95.00	09500	AMBULANCE SERVICES	7,591,670		7,591,670	0	7,591,670	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0		0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	338,840		338,840		338,840	105.00
106.00	10600	HEART ACQUISITION	1,580,059		1,580,059		1,580,059	106.00
107.00	10700	LIVER ACQUISITION	1,296,080		1,296,080		1,296,080	107.00
108.00	10800	LUNG ACQUISITION	919,715		919,715		919,715	108.00
112.00	08600	BONE MARROW ACQUISITION	472,088		472,088		472,088	112.00
200.00		Subtotal (see instructions)	436,769,371	0	436,769,371	0	436,769,371	200.00
201.00		Less Observation Beds	7,457,185		7,457,185		7,457,185	201.00
202.00		Total (see instructions)	429,312,186	0	429,312,186	0	429,312,186	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-3301

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2017 10:03 am

		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	92,668,314		92,668,314		30.00
31.00	03100	INTENSIVE CARE UNIT	40,727,939		40,727,939		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	99,368,258		99,368,258		35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,974,054	46,646,632	92,620,686	0.341451	50.00
51.00	05100	RECOVERY ROOM	2,866,319	16,799,007	19,665,326	0.809278	51.00
53.00	05300	ANESTHESIOLOGY	8,644,723	14,581,035	23,225,758	0.110686	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,830,611	28,050,258	39,880,869	0.224057	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,089,783	3,802,604	6,892,387	0.278727	55.00
57.00	05700	CT SCAN	5,607,171	7,405,337	13,012,508	0.018201	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,347,178	38,508,353	48,855,531	0.037094	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,992,708	14,053,174	20,045,882	0.055183	59.00
60.00	06000	LABORATORY	61,317,044	55,254,474	116,571,518	0.244199	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,328,598	6,531,157	18,859,755	0.273029	63.00
65.00	06500	RESPIRATORY THERAPY	34,335,426	1,071,954	35,407,380	0.239007	65.00
66.00	06600	PHYSICAL THERAPY	4,761,351	8,047,022	12,808,373	0.750474	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,903,641	3,100,373	6,004,014	0.365503	67.00
68.00	06800	SPEECH PATHOLOGY	1,102,851	7,551,538	8,654,389	0.580365	68.00
69.00	06900	ELECTROCARDIOLOGY	4,791,079	747,422	5,538,501	0.507910	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,393,122	3,180,304	7,573,426	0.211764	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,530,867	11,249,809	49,780,676	0.392489	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,621,902	10,151,053	31,772,955	0.534542	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	71,858,840	45,608,825	117,467,665	0.405646	73.00
74.00	07400	RENAL DIALYSIS	1,401,827	927,333	2,329,160	0.785620	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,522,084	15,292,256	16,814,340	0.973351	90.00
91.00	09100	EMERGENCY	12,242,561	42,834,822	55,077,383	0.389051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,454,094	7,895,007	9,349,101	0.797637	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	957,811	957,811	0.002984	94.00
95.00	09500	AMBULANCE SERVICES	5,486,216	4,149,043	9,635,259	0.787905	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0.000000	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	479,410	0	479,410		105.00
106.00	10600	HEART ACQUISITION	2,318,757	0	2,318,757		106.00
107.00	10700	LIVER ACQUISITION	2,144,790	0	2,144,790		107.00
108.00	10800	LUNG ACQUISITION	1,565,660	0	1,565,660		108.00
112.00	08600	BONE MARROW ACQUISITION	736,097	0	736,097		112.00
200.00		Subtotal (see instructions)	614,413,275	394,396,603	1,008,809,878		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	614,413,275	394,396,603	1,008,809,878		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/22/2017 10:03 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
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
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	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
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000		98.00
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
108.00	10800 LUNG ACQUISITION			108.00
112.00	08600 BONE MARROW ACQUISITION			112.00
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: 26-3301		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part I Date/Time Prepared: 5/22/2017 10:03 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	10,284,340	0	10,284,340	43,924	234.14	30.00
31.00	INTENSIVE CARE UNIT	1,806,574		1,806,574	8,039	224.73	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	4,444,190		4,444,190	30,288	146.73	35.00
200.00	Total (Lines 30-199)	16,535,104		16,535,104	82,251		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	213	49,872				
31.00	INTENSIVE CARE UNIT	32	7,191				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
200.00	Total (Lines 30-199)	245	57,063				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/22/2017 10:03 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital Tefra							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,303,310	92,620,686	0.035665	345,391	12,318	50.00
51.00	05100 RECOVERY ROOM	1,646,274	19,665,326	0.083715	0	0	51.00
53.00	05300 ANESTHESIOLOGY	88,131	23,225,758	0.003795	38,730	147	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,228,840	39,880,869	0.030813	25,187	776	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	211,789	6,892,387	0.030728	1,983	61	55.00
57.00	05700 CT SCAN	42,649	13,012,508	0.003278	24,498	80	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	189,182	48,855,531	0.003872	4,781	19	58.00
59.00	05900 CARDIAC CATHETERIZATION	320,669	20,045,882	0.015997	0	0	59.00
60.00	06000 LABORATORY	1,763,934	116,571,518	0.015132	307,395	4,652	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	222,023	18,859,755	0.011772	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	539,251	35,407,380	0.015230	99,358	1,513	65.00
66.00	06600 PHYSICAL THERAPY	1,467,437	12,808,373	0.114569	17,572	2,013	66.00
67.00	06700 OCCUPATIONAL THERAPY	80,011	6,004,014	0.013326	488	7	67.00
68.00	06800 SPEECH PATHOLOGY	485,698	8,654,389	0.056122	129	7	68.00
69.00	06900 ELECTROCARDIOLOGY	89,210	5,538,501	0.016107	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	179,419	7,573,426	0.023691	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,515,300	49,780,676	0.030440	108,279	3,296	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	538,731	31,772,955	0.016956	11,053	187	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,975,742	117,467,665	0.016819	461,654	7,765	73.00
74.00	07400 RENAL DIALYSIS	266,755	2,329,160	0.114528	74,813	8,568	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,227,048	16,814,340	0.132449	1,009	134	90.00
91.00	09100 EMERGENCY	1,934,326	55,077,383	0.035120	19,128	672	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	992,753	9,349,101	0.106187	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	91	957,811	0.000095	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	21,308,573	759,165,394		1,541,448	42,215	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/22/2017 10:03 am
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Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
200.00		Total (lines 30-199)	0	0	0	0	200.00	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School		
		6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,924	0.00	213	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	8,039	0.00	32	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	30,288	0.00	0	0	35.00	
200.00		Total (lines 30-199)	82,251		245	0	200.00	
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost					
		12.00	13.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-3301

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

Worksheet D
Part IV
Date/Time Prepared:
5/22/2017 10:03 am

Cost Center Description		Title XVIII			Hospital		Tefra	
		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
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
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 10:03 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
Title XVIII								
Hospital								
Tefra								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	92,620,686	0.000000	0.000000	345,391	50.00
51.00	05100	RECOVERY ROOM	0	19,665,326	0.000000	0.000000	0	51.00
53.00	05300	ANESTHESIOLOGY	0	23,225,758	0.000000	0.000000	38,730	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,880,869	0.000000	0.000000	25,187	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,892,387	0.000000	0.000000	1,983	55.00
57.00	05700	CT SCAN	0	13,012,508	0.000000	0.000000	24,498	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	48,855,531	0.000000	0.000000	4,781	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,045,882	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	116,571,518	0.000000	0.000000	307,395	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	18,859,755	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	35,407,380	0.000000	0.000000	99,358	65.00
66.00	06600	PHYSICAL THERAPY	0	12,808,373	0.000000	0.000000	17,572	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,004,014	0.000000	0.000000	488	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,654,389	0.000000	0.000000	129	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,538,501	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,573,426	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,780,676	0.000000	0.000000	108,279	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	31,772,955	0.000000	0.000000	11,053	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	117,467,665	0.000000	0.000000	461,654	73.00
74.00	07400	RENAL DIALYSIS	0	2,329,160	0.000000	0.000000	74,813	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	16,814,340	0.000000	0.000000	1,009	90.00
91.00	09100	EMERGENCY	0	55,077,383	0.000000	0.000000	19,128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,349,101	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	957,811	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	759,165,394			1,541,448	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 10:03 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	Tefra
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	207,515	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	1,851	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	42,696	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,124	0	0	0	55.00
57.00	05700 CT SCAN	0	22,750	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	111,010	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	97,802	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	8,535	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,865	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,113	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	86,608	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,735	0	0	0	90.00
91.00	09100 EMERGENCY	0	26,907	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,402	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	664,913	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 10:03 am
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
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
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
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
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 10:03 am
		Title XVIII	Hospital	Tefra

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	0.341451	207,515	0	70,856	50.00	
51.00	05100 RECOVERY ROOM	0.809278	0	0	0	51.00	
53.00	05300 ANESTHESIOLOGY	0.110686	1,851	0	205	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.224057	42,696	0	9,566	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.278727	12,124	0	3,379	55.00	
57.00	05700 CT SCAN	0.018201	22,750	0	414	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.037094	111,010	0	4,118	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.055183	0	0	0	59.00	
60.00	06000 LABORATORY	0.244199	97,802	0	23,883	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.273029	0	0	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.239007	8,535	0	2,040	65.00	
66.00	06600 PHYSICAL THERAPY	0.750474	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.365503	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.580365	1,865	0	1,082	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.507910	0	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.211764	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.392489	40,113	0	15,744	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.534542	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.405646	86,608	0	35,132	73.00	
74.00	07400 RENAL DIALYSIS	0.785620	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.973351	1,735	0	392	1,689	90.00
91.00	09100 EMERGENCY	0.389051	26,907	0	0	10,468	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.797637	3,402	0	0	2,714	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.002984		0			94.00
95.00	09500 AMBULANCE SERVICES	0.787905		0			95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		664,913	0	392	181,290	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		664,913	0	392	181,290	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 10:03 am
	Title XVIII	Hospital	Tefra

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
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
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
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	382		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0			95.00
98.00 09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0		98.00
200.00 Subtotal (see instructions)	0	382		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	382		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 10:03 am
		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	0.341451	0	3,770,557	0	0
51.00 05100 RECOVERY ROOM	0.809278	0	1,490,461	0	0
53.00 05300 ANESTHESIOLOGY	0.110686	0	1,244,905	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.224057	0	1,811,941	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.278727	0	327,006	0	0
57.00 05700 CT SCAN	0.018201	0	449,094	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.037094	0	3,400,441	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.055183	0	1,232,615	0	0
60.00 06000 LABORATORY	0.244199	0	4,850,846	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.273029	0	328,892	0	0
65.00 06500 RESPIRATORY THERAPY	0.239007	0	99,269	0	0
66.00 06600 PHYSICAL THERAPY	0.750474	0	323,527	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.365503	0	212,684	0	0
68.00 06800 SPEECH PATHOLOGY	0.580365	0	522,257	0	0
69.00 06900 ELECTROCARDIOLOGY	0.507910	0	202,757	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.211764	0	906,508	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.392489	0	1,175,439	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.534542	0	1,038,679	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.405646	0	5,365,779	0	0
74.00 07400 RENAL DIALYSIS	0.785620	0	1,286	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.973351	0	146,070	0	0
91.00 09100 EMERGENCY	0.389051	0	1,233,428	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.797637	0	421,082	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.002984		0		94.00
95.00 09500 AMBULANCE SERVICES	0.787905	0	0		95.00
98.00 09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		0	30,555,523	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	30,555,523	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 10:03 am
		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	1,287,460	0	50.00
51.00	05100 RECOVERY ROOM	1,206,197	0	51.00
53.00	05300 ANESTHESIOLOGY	137,794	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	405,978	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	91,145	0	55.00
57.00	05700 CT SCAN	8,174	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	126,136	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	68,019	0	59.00
60.00	06000 LABORATORY	1,184,572	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	89,797	0	63.00
65.00	06500 RESPIRATORY THERAPY	23,726	0	65.00
66.00	06600 PHYSICAL THERAPY	242,799	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	77,737	0	67.00
68.00	06800 SPEECH PATHOLOGY	303,100	0	68.00
69.00	06900 ELECTROCARDIOLOGY	102,982	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	191,966	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	461,347	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	555,218	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,176,607	0	73.00
74.00	07400 RENAL DIALYSIS	1,010	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	142,177	0	90.00
91.00	09100 EMERGENCY	479,866	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	335,871	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
200.00	Subtotal (see instructions)	9,699,678	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)	9,699,678	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 10:03 am
Cost Center Description		Title XVIII	Hospital	Tefra
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,924	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,924	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		39,684	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)		213	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)		77,252,054	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)		77,252,054	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		77,252,054	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,758.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		374,618	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)		374,618	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 10:03 am
Cost Center Description			Title XVIII	Hospital	Tefra
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	26,006,460	8,039	3,235.04	32	103,521
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	62,607,933	30,288	2,067.09	0	0
Cost Center Description					
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				544,166
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,022,305
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				57,063
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				42,215
52.00	Total Program excludable cost (sum of lines 50 and 51)				99,278
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				923,027
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				34
55.00	Target amount per discharge				27,374.25
56.00	Target amount (line 54 x line 55)				930,725
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				7,698
58.00	Bonus payment (see instructions)				1,155
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				14,156.46
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				21,085.70
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
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				1,023,460
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				71.00
72.00	Program routine service cost (line 9 x line 71)				72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				76.00
77.00	Program capital-related costs (line 9 x line 76)				77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				80.00
81.00	Inpatient routine service cost per diem limitation				81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				82.00
83.00	Reasonable inpatient routine service costs (see instructions)				83.00
84.00	Program inpatient ancillary services (see instructions)				84.00
85.00	Utilization review - physician compensation (see instructions)				85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				4,240
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,758.77
89.00	Observation bed cost (line 87 x line 88) (see instructions)				7,457,185

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-3301		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/22/2017 10:03 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,284,340	77,252,054	0.133127	7,457,185	992,753	90.00
91.00	Nursing School cost	0	77,252,054	0.000000	7,457,185	0	91.00
92.00	Allied health cost	0	77,252,054	0.000000	7,457,185	0	92.00
93.00	All other Medical Education	0	77,252,054	0.000000	7,457,185	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/22/2017 10:03 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,924	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,924	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		39,684	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)		4,634	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)		77,252,054	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)		77,252,054	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		77,252,054	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,758.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,150,140	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)		8,150,140	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 10:03 am	
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)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	26,006,460	8,039	3,235.04	1,963	6,350,384	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	62,607,933	30,288	2,067.09	6,439	13,309,993	47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				17,925,752	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				45,736,269	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)				4,240	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,758.77	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				7,457,185	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-3301		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/22/2017 10:03 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,284,340	77,252,054	0.133127	7,457,185	992,753	90.00
91.00	Nursing School cost	0	77,252,054	0.000000	7,457,185	0	91.00
92.00	Allied health cost	0	77,252,054	0.000000	7,457,185	0	92.00
93.00	All other Medical Education	0	77,252,054	0.000000	7,457,185	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/22/2017 10:03 am
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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		419,086	30.00
31.00	03100	INTENSIVE CARE UNIT		165,990	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.341451	345,391	117,934 50.00
51.00	05100	RECOVERY ROOM	0.809278	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0.110686	38,730	4,287 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224057	25,187	5,643 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.278727	1,983	553 55.00
57.00	05700	CT SCAN	0.018201	24,498	446 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.037094	4,781	177 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.055183	0	0 59.00
60.00	06000	LABORATORY	0.244199	307,395	75,066 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.273029	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0.239007	99,358	23,747 65.00
66.00	06600	PHYSICAL THERAPY	0.750474	17,572	13,187 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.365503	488	178 67.00
68.00	06800	SPEECH PATHOLOGY	0.580365	129	75 68.00
69.00	06900	ELECTROCARDIOLOGY	0.507910	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.211764	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.392489	108,279	42,498 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.534542	11,053	5,908 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405646	461,654	187,268 73.00
74.00	07400	RENAL DIALYSIS	0.785620	74,813	58,775 74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.973351	1,009	982 90.00
91.00	09100	EMERGENCY	0.389051	19,128	7,442 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.797637	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.002984	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,541,448	544,166 200.00
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)		1,541,448	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/22/2017 10:03 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		9,484,896	30.00
31.00	03100	INTENSIVE CARE UNIT		9,782,949	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		20,769,040	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.341451	6,184,388	50.00
51.00	05100	RECOVERY ROOM	0.809278	481,928	51.00
53.00	05300	ANESTHESIOLOGY	0.110686	1,207,058	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224057	2,184,590	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.278727	34,984	55.00
57.00	05700	CT SCAN	0.018201	714,360	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.037094	1,565,307	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.055183	331,708	59.00
60.00	06000	LABORATORY	0.244199	9,623,995	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.273029	1,364,137	63.00
65.00	06500	RESPIRATORY THERAPY	0.239007	6,072,271	65.00
66.00	06600	PHYSICAL THERAPY	0.750474	730,223	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.365503	522,380	67.00
68.00	06800	SPEECH PATHOLOGY	0.580365	260,609	68.00
69.00	06900	ELECTROCARDIOLOGY	0.507910	940,372	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.211764	805,003	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.392489	5,066,187	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.534542	3,652,187	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405646	9,896,714	73.00
74.00	07400	RENAL DIALYSIS	0.785620	273,241	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.973351	229,297	90.00
91.00	09100	EMERGENCY	0.389051	1,220,607	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.797637	152,568	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.002984	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		53,514,114	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)		53,514,114	202.00

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

Provider CCN: 26-3301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/22/2017 10:03 am

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 Tefra							
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	8,323	1,758.77	9	15,829	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,235.04	0	0	2.00
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	2,067.09	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		8,323		9	15,829	7.00
Worksheet C							
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	0.341451	56,546	19,308	8.00	
9.00	RECOVERY ROOM	51.00	0.809278	7,222	5,845	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.110686	15,885	1,758	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.224057	0	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.278727	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.018201	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.037094	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.055183	0	0	17.00	
18.00	LABORATORY	60.00	0.244199	9,310	2,273	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	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.273029	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.239007	0	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0.750474	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.365503	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.580365	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.507910	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.211764	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.392489	4,223	1,657	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.534542	620	331	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.405646	7,299	2,961	31.00	
32.00	RENAL DIALYSIS	74.00	0.785620	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	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	0.973351	0	0	37.00	
38.00	EMERGENCY	91.00	0.389051	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.797637	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			101,105	34,133	41.00	
Worksheet D-2							
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	9	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
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	

(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: 26-3301

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

Worksheet D-4

Date/Time Prepared: 5/22/2017 10:03 am

		Kidney		Hospital		Tefra	
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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		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	49,962		109,428			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)	338,840		479,910			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)	388,802		589,338			61.00
62.00	Total Usable Organs (see instructions)		12				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)		0.416667				64.00
65.00	Medicare Cost/Charges (see instructions)	162,001		245,558			65.00
66.00	Revenue for Organs Sold	11,187		11,187			66.00
67.00	Subtotal (Line 65 minus line 66)	150,814		234,371			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)	150,814	0	234,371	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		3		6		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0		3		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0		0		72.00
73.00	Organs Purchased from OPOs		0		0		73.00
74.00	Total (sum of lines 70 thru 73)		3		9		74.00
75.00	Organs Transplanted		3		6	479,410	75.00
76.00	Organs Sold to Other Hospitals		0		0	0	76.00
77.00	Organs Sold to OPOs		0		3	11,187	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)		3		9		84.00

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 (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: 26-3301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/22/2017 10:03 am

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	1,758.77	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,235.04	0	0	2.00
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	2,067.09	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		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	0.341451	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.809278	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.110686	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.224057	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.278727	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.018201	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.037094	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.055183	0	0	17.00
18.00	LABORATORY		60.00	0.244199	0	0	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	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.273029	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.239007	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.750474	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.365503	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.580365	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.507910	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.211764	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.392489	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.534542	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.405646	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.785620	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	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	0.973351	0	0	37.00
38.00	EMERGENCY		91.00	0.389051	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.797637	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				0	0	41.00
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
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

(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: 26-3301

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

Worksheet D-4

Date/Time Prepared: 5/22/2017 10:03 am

		Liver		Hospital		Tefra	
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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		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	0		0		0	56.00
57.00	Interns and Residents (inpatient)	0		0		0	57.00
58.00	Interns and Residents (outpatient)	0		0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	1,296,080		2,144,790		0	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		0	60.00
61.00	Total (sum of lines 56 thru 60)	1,296,080		2,144,790		0	61.00
62.00	Total Usable Organs (see instructions)		19			0	62.00
63.00	Medicare Usable Organs (see instructions)		0			0	63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.000000			0	64.00
65.00	Medicare Cost/Charges (see instructions)	0		0		0	65.00
66.00	Revenue for Organs Sold	0		0		0	66.00
67.00	Subtotal (Line 65 minus line 66)	0		0		0	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)	0	0	0	0	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	0		0	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		0	72.00
73.00	Organs Purchased from OPOs		0	19		0	73.00
74.00	Total (sum of lines 70 thru 73)		0	19		0	74.00
75.00	Organs Transplanted		0	19		2,144,790	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	0		0	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)		0	19		0	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: 26-3301

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

Worksheet D-4

Date/Time Prepared: 5/22/2017 10:03 am

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	1,758.77	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,235.04	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	2,067.09	0	6.00
7.00	TOTAL (sum of lines 1-6)		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	0.341451	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.809278	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.110686	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.224057	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.278727	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.018201	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.037094	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.055183	0	0	17.00
18.00	LABORATORY	60.00	0.244199	0	0	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	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.273029	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.239007	0	0	23.00
24.00	PHYSICAL THERAPY	66.00	0.750474	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.365503	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.580365	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.507910	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.211764	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.392489	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.534542	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.405646	0	0	31.00
32.00	RENAL DIALYSIS	74.00	0.785620	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	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	0.973351	0	0	37.00
38.00	EMERGENCY	91.00	0.389051	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.797637	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)				0	41.00
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
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

(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: 26-3301

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

Worksheet D-4

Date/Time Prepared: 5/22/2017 10:03 am

		Heart		Hospital		Tefra	
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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		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	0		0			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)	1,580,059		2,318,757			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)	1,580,059		2,318,757			61.00
62.00	Total Usable Organs (see instructions)		19				62.00
63.00	Medicare Usable Organs (see instructions)		0				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.000000				64.00
65.00	Medicare Cost/Charges (see instructions)	0		0			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (Line 65 minus line 66)	0		0			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)	0	0	0	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	0			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	19			73.00
74.00	Total (sum of lines 70 thru 73)		0	19			74.00
75.00	Organs Transplanted		0	19	2,318,757		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	0	0		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)		0	19			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: 26-3301

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

Worksheet D-4

Date/Time Prepared: 5/22/2017 10:03 am

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	1,758.77	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,235.04	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	2,067.09	0	6.00
7.00	TOTAL (sum of lines 1-6)		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	0.341451	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.809278	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.110686	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.224057	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.278727	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.018201	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.037094	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.055183	0	0	17.00
18.00	LABORATORY	60.00	0.244199	0	0	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	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.273029	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.239007	0	0	23.00
24.00	PHYSICAL THERAPY	66.00	0.750474	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.365503	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.580365	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.507910	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.211764	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.392489	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.534542	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.405646	0	0	31.00
32.00	RENAL DIALYSIS	74.00	0.785620	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	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	0.973351	0	0	37.00
38.00	EMERGENCY	91.00	0.389051	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.797637	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)				0	41.00
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
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

(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: 26-3301

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

Worksheet D-4

Date/Time Prepared: 5/22/2017 10:03 am

		Lung		Hospital		Tefra	
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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		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	0		0		0	56.00
57.00	Interns and Residents (inpatient)	0		0		0	57.00
58.00	Interns and Residents (outpatient)	0		0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	919,715		1,565,660			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		0	60.00
61.00	Total (sum of lines 56 thru 60)	919,715		1,565,660			61.00
62.00	Total Usable Organs (see instructions)		16				62.00
63.00	Medicare Usable Organs (see instructions)		0				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.000000				64.00
65.00	Medicare Cost/Charges (see instructions)	0		0		0	65.00
66.00	Revenue for Organs Sold	0		0		0	66.00
67.00	Subtotal (Line 65 minus line 66)	0		0		0	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)	0	0	0	0	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	0			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	16			73.00
74.00	Total (sum of lines 70 thru 73)		0	16			74.00
75.00	Organs Transplanted		0	16	1,565,660		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	0	0		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)		0	16			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: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/22/2017 10:03 am
		Title XVIII	Hospital	Tefra
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		382	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		181,290	2.00
3.00	PPS payments		98,997	3.00
4.00	Outlier payment (see instructions)		15,032	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.890	5.00
6.00	Line 2 times line 5		161,348	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		70.67	7.00
8.00	Transitional corridor payment (see instructions)		47,319	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		382	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		392	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)		392	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)		392	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10	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)		382	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)		161,348	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)		20,691	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)		141,039	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,594	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)		144,633	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		144,633	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)		144,633	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)		144,633	40.00
40.01	Sequestration adjustment (see instructions)		2,893	40.01
41.00	Interim payments		211,329	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-69,589	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-3301

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2017 10:03 am

		Title XVIII		Hospital	Tefra	
		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		1,486,199		211,329	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,486,199		211,329	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		345,489		69,589	6.02
7.00	Total Medicare program liability (see instructions)		1,140,710		141,740	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: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/22/2017 10:03 am
		Title XVIII	Hospital	Tefra
				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		10,541	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		245	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		0	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		78,011	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,008,809,878	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		0	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part I Date/Time Prepared: 5/22/2017 10:03 am
		Title XVIII	Hospital	Tefra
		1.00		
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)		1,023,460	1.00
1.01	Nursing and allied health managed care payment (see instructions)		0	1.01
2.00	Organ acquisition		150,814	2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,174,274	4.00
5.00	Primary payer payments		0	5.00
6.00	Subtotal (line 4 less line 5)		1,174,274	6.00
7.00	Deductibles		33,488	7.00
8.00	Subtotal (line 6 minus line 7)		1,140,786	8.00
9.00	Coinsurance		0	9.00
10.00	Subtotal (line 8 minus line 9)		1,140,786	10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	11.00
12.00	Adjusted reimbursable bad debts (see instructions)		0	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	13.00
14.00	Subtotal (sum of lines 10 and 12)		1,140,786	14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		23,204	15.00
16.00	DO NOT USE THIS LINE		0	16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	17.50
17.99	Recovery of Accelerated Depreciation		0	17.99
18.00	Total amount payable to the provider (see instructions)		1,163,990	18.00
18.01	Sequestration adjustment (see instructions)		23,280	18.01
19.00	Interim payments		1,486,199	19.00
20.00	Tentative settlement (for contractor use only)		0	20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 19, and 20)		-345,489	21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2017 10:03 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	45,736,269		1.00	
2.00	Medical and other services		9,699,678	2.00	
3.00	Organ acquisition (certified transplant centers only)	0		3.00	
4.00	Subtotal (sum of lines 1, 2 and 3)	45,736,269	9,699,678	4.00	
5.00	Inpatient primary payer payments	23,913,176		5.00	
6.00	Outpatient primary payer payments		9,313,404	6.00	
7.00	Subtotal (line 4 less sum of lines 5 and 6)	21,823,093	386,274	7.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	40,036,885		8.00	
9.00	Ancillary service charges	53,514,114	30,555,523	9.00	
10.00	Organ acquisition charges, net of revenue	0		10.00	
11.00	Incentive from target amount computation	0		11.00	
12.00	Total reasonable charges (sum of lines 8 through 11)	93,550,999	30,555,523	12.00	
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00	
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00	
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00	
16.00	Total customary charges (see instructions)	93,550,999	30,555,523	16.00	
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	47,814,730	20,855,845	17.00	
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00	
19.00	Interns and Residents (see instructions)	0	0	19.00	
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00	
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	45,736,269	9,699,678	21.00	
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0	22.00	
23.00	Outlier payments	0	0	23.00	
24.00	Program capital payments	0	0	24.00	
25.00	Capital exception payments (see instructions)	0	0	25.00	
26.00	Routine and Ancillary service other pass through costs	0	0	26.00	
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00	
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00	
29.00	Titles V or XIX (sum of lines 21 and 27)	45,736,269	9,699,678	29.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0	30.00	
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	21,823,093	386,274	31.00	
32.00	Deductibles	0	0	32.00	
33.00	Coinurance	0	0	33.00	
34.00	Allowable bad debts (see instructions)	0	0	34.00	
35.00	Utilization review	0	0	35.00	
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	21,823,093	386,274	36.00	
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00	
38.00	Subtotal (line 36 ± line 37)	21,823,093	386,274	38.00	
39.00	Direct graduate medical education payments (from Wkst. E-4)	2,947,809		39.00	
40.00	Total amount payable to the provider (sum of lines 38 and 39)	24,770,902	386,274	40.00	
41.00	Interim payments	23,913,176	9,313,404	41.00	
42.00	Balance due provider/program (line 40 minus line 41)	857,726	-8,927,130	42.00	
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00	
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	109.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/22/2017 10:03 am	
		Title XVIII	Hospital	Tefra	
				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.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			182.13	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	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.	88.03	67.86	155.89	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.	56.45	43.51	99.96	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	56.45	43.51		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	56.86	43.78		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.05	42.74		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.12	43.34		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	57.12	43.34		17.00
18.00	Per resident amount	84,926.05	84,926.06		18.00
19.00	Approved amount for resident costs	4,850,976	3,680,695	8,531,671	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			65.34	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			8,531,671	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	245	0		26.00
27.00	Total Inpatient Days (see instructions)	78,011	78,011		27.00
28.00	Ratio of inpatient days to total inpatient days	0.003141	0.000000		28.00
29.00	Program direct GME amount	26,798	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			26,798	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/22/2017 10:03 am
		Title XVIII	Hospital	Tefra
				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)		3,286,971	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)		1,022,305	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		150,814	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		1,173,119	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		181,672	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		181,672	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		1,354,791	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.865904	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.134096	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		26,798	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		23,204	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		3,594	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/22/2017 10:03 am	
		Title XIX	Hospital	Cost	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			182.13	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	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.	88.03	67.86	155.89	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.	56.45	43.51	99.96	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	56.45	43.51		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	56.86	43.78		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.05	42.74		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.12	43.34		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	57.12	43.34		17.00
18.00	Per resident amount	84,926.05	84,926.05		18.00
19.00	Approved amount for resident costs	4,850,976	3,680,695	8,531,671	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			65.34	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			8,531,671	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	13,036	16,208		26.00
27.00	Total Inpatient Days (see instructions)	78,011	78,011		27.00
28.00	Ratio of inpatient days to total inpatient days	0.167105	0.207766		28.00
29.00	Program direct GME amount	1,425,685	1,772,591		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		250,467		30.00
31.00	Net Program direct GME amount			2,947,809	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/22/2017 10:03 am
		Title XIX	Hospital	Cost
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			0 37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0 38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0 39.00
40.00	Primary payer payments (see instructions)			0 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			0 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			0 42.00
43.00	Primary payer payments (see instructions)			0 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			0 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			0 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.000000 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.000000 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			2,947,809 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0 50.00

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

Provider CCN: 26-3301

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

Worksheet G

Date/Time Prepared:
5/22/2017 10:03 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	267,538	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	122,291,081	0	0	0	4.00
5.00	Other receivable	14,368,232	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,132,313	0	0	0	6.00
7.00	Inventory	13,912,708	0	0	0	7.00
8.00	Prepaid expenses	959,708	0	0	0	8.00
9.00	Other current assets	10,683,585	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)	156,350,539	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,508,366	0	0	0	12.00
13.00	Land improvements	138,238	0	0	0	13.00
14.00	Accumulated depreciation	-61,884	0	0	0	14.00
15.00	Buildings	499,609,702	0	0	0	15.00
16.00	Accumulated depreciation	-242,854,797	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	15,947,161	0	0	0	19.00
20.00	Accumulated depreciation	-5,777,636	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	238,109,278	0	0	0	23.00
24.00	Accumulated depreciation	-213,389,043	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	298,229,385	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	454,579,924	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,152,888	0	0	0	37.00
38.00	Salaries, wages, and fees payable	16,609,576	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	57,218,123	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	78,980,587	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	64,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	64,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	79,044,587	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	375,535,337	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	0	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	0	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)	375,535,337	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	454,579,924	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-3301

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

Worksheet G-1

Date/Time Prepared:
5/22/2017 10:03 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		293,953,717			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		58,014,937				2.00
3.00	Total (sum of line 1 and line 2)		351,968,654			0	3.00
4.00	ASSETS RELEASED FROM RESTRICTION	324,781		0		0	4.00
5.00	TRANSFERRED TO GENERAL FUND	1,861,221		0		0	5.00
6.00	TRANSFER TO/FROM BJC	21,380,681		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		23,566,683			0	10.00
11.00	Subtotal (line 3 plus line 10)		375,535,337			0	11.00
12.00	TRANSFERRED TO GENERAL FUND	0		0		0	12.00
13.00	TRANSFER TO/FROM BJC	0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		375,535,337			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	ASSETS RELEASED FROM RESTRICTION		0				4.00
5.00	TRANSFERRED TO GENERAL FUND		0				5.00
6.00	TRANSFER TO/FROM BJC		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFERRED TO GENERAL FUND		0				12.00
13.00	TRANSFER TO/FROM BJC		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-3301

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/22/2017 10:03 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	92,547,486		92,547,486	1.00
2.00	SUBPROVIDER - IPF				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)	92,547,486		92,547,486	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	40,723,484		40,723,484	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	99,368,258		99,368,258	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	140,091,742		140,091,742	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	232,639,228		232,639,228	17.00
18.00	Ancillary services	361,470,503	323,477,109	684,947,612	18.00
19.00	Outpatient services	15,218,739	66,022,085	81,240,824	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	5,486,216	4,149,043	9,635,259	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL SERVICE	0	2,658,910	2,658,910	27.00
27.01	OTHER REVENUE	0	51,130	51,130	27.01
27.02	OFFICE VISIT REVENUE	0	2,703,448	2,703,448	27.02
27.03	NON ALLOWED CONVENIENCE	0	27,258	27,258	27.03
27.04	HOME PROGRAM DIALYSIS	0	957,811	957,811	27.04
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	614,814,686	400,046,794	1,014,861,480	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		530,316,614		29.00
30.00	DEDUCTS FROM REVENUE	664			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)		664		36.00
37.00	NON OPERATING REVENUE	939,770			37.00
38.00	PHYSICIAN OPERATIONS	85,351			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)		1,025,121		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		529,292,157		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-3301

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

Worksheet G-3

Date/Time Prepared:
5/22/2017 10:03 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,014,861,480	1.00
2.00	Less contractual allowances and discounts on patients' accounts	451,050,144	2.00
3.00	Net patient revenues (line 1 minus line 2)	563,811,336	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	529,292,157	4.00
5.00	Net income from service to patients (line 3 minus line 4)	34,519,179	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,103,049	6.00
7.00	Income from investments	1,516,910	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	5,008,017	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	45,025	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	17,471,949	24.00
25.00	Total other income (sum of lines 6-24)	25,144,950	25.00
26.00	Total (line 5 plus line 25)	59,664,129	26.00
27.00	PHYSICIAN OPERATIONS	1,649,192	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,649,192	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	58,014,937	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 26-3301
Component CCN: 26-2309

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

Worksheet I-1
Date/Time Prepared:
5/22/2017 10:03 am

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	180,290	HOURS OF SERVICE	4,239.00	2.04	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	106,608	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	49,026	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	335,924				9.00
10.00	EMPLOYEE BENEFITS	57,050	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		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	415,794	REQUISITIONS			14.00
15.00	DRUGS	58,458	REQUISITIONS			15.00
16.00	OTHER	27,444	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	894,670				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	66,911	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	120,238	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	11,501	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	404,441	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	152,600	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY	24,104	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	155,370	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,829,835				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,829,835				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 I, 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: 26-3301

Period: From 01/01/2016

Worksheet 1-2

Component CCN: 26-2309

To 12/31/2016

Date/Time Prepared: 5/22/2017 10:03 am

		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	219,511	120,238	180,290	0	68,551	82,562	1.00
MAINTENANCE								
2.00	Hemodialysis	157,306	86,571	129,210	0	49,129	59,171	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	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	0	0	0	0	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	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	62,205	33,667	51,080	0	19,422	23,391	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)	0	0	0	0	0	0	14.00
15.00	Other	0	0	0	0	0	0	15.00
16.00	Total (sum of lines 2 through 16)	219,511	120,238	180,290	0	68,551	82,562	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	415,794	0	1,086,946	742,889	1,829,835		1.00
MAINTENANCE								
2.00	Hemodialysis	297,993	0	779,380	532,679	1,312,059		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		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	0	0	0	0	0		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	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	117,801	0	307,566	210,210	517,776		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)	0	0	0	0	0		14.00
15.00	Other	0	0	0	0	0		15.00
16.00	Total (sum of lines 2 through 16)	415,794	0	1,086,946	742,889	1,829,835		16.00
17.00	Medical Educational Program Costs					0		17.00
18.00	Total Renal Costs (line 17 + line 18)					1,829,835		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-3301
Component CCN: 26-2309

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

Worksheet 1-3
Date/Time Prepared:
5/22/2017 10:03 am

		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	219,511	120,238	180,290	0	68,551	1.00
MAINTENANCE							
2.00	Hemodialysis	2,238	0.72	3,038.00	1,140.00	164,347	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	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	0.00	0.00	0	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	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	253	885	0.28	1,201.00	450.00	64,969
13.00	Method II Home Patient	0	0	0.00	0.00	0.00	0
14.00	ESAs						
15.00							
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	3,123	1.00	4,239.00	1,590.00	229,316	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	70.288505	120,238.00000	42.531257	0.000000	0.298937	18.00
		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	82,562	415,794	0	1,086,946	742,889	1.00
MAINTENANCE							
2.00	Hemodialysis	41,896	293,848	0			2.00
3.00	Intermittent Peritoneal	0	0	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	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	16,562	116,162	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	58,458	410,010	0		1,086,946	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.412330	1.014107	0.000000		0.683464	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 26-3301
Component CCN: 26-2309

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

Worksheet 1-4
Date/Time Prepared:
5/22/2017 10:03 am

		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	714	1,312,059	1,837.62	318	584,363
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	26	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	0	0	0.00	0	0
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	0	0	0.00	0	0
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	740	1,312,059		318	584,363
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	740				
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00			
1.00	Maintenance - Hemodialysis	92,922	292.21			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	0	0.00			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	0	0.00			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)	92,922				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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 26-3301

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

Worksheet I-1
Date/Time Prepared:
5/22/2017 10:03 am

Home Program
Dialysis

Tefra

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES		HOURS OF SERVICE	0.00	0.00	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		ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	0				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	1,986	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES		REQUISITIONS			14.00
15.00	DRUGS		REQUISITIONS			15.00
16.00	OTHER	100	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	2,086				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT		SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	772	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING		SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY		REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS		ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,858				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,858				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 I, 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: 26-3301		Period: From 01/01/2016 To 12/31/2016		Worksheet 1-2	
				Home Program Dialysis		Date/Time Prepared: 5/22/2017 10:03 am	
						Tefra	
		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	0	1,986	0	0	0	1.00
MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	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	993	0	0	0	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	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	0	993	0	0	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	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							15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	0	1,986	0	0	0	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00
		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	0	0	1,986	872	2,858	1.00
MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	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	993	436	1,429	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	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	0	0	993	436	1,429	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	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							15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	0	0	1,986	872	2,858	17.00
18.00	Medical Educational Program Costs					0	18.00
19.00	Total Renal Costs (line 17 + line 18)					2,858	19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet 1-3 Date/Time Prepared: 5/22/2017 10:03 am
		Home Program Dialysis	Tefra

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00		
1.00	Total Renal Department Costs	0	1,986	0	0	0	1.00
MAINTENANCE							
2.00	Hemodialysis	0	0.00	4.00	0.00	0	2.00
3.00	Intermittent Peritoneal	0	0.00	1.50	0.00	0	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	100.00	88.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	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	100.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0.00	4.75	0.00	0	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	0	200.00	98.25	0.00	0	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	9.930000	0.000000	0.000000	0.000000	18.00
		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	0	0	0	1,986	872	1.00
MAINTENANCE							
2.00	Hemodialysis	0	0	0			2.00
3.00	Intermittent Peritoneal	0	0	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	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	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	0	0	0		1,986	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	0.000000	0.000000		0.439074	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet 1-4 Date/Time Prepared: 5/22/2017 10:03 am
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		Rate 0		Home Program Dialysis		Tefra	
		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	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	1,429	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	3,500	0	0.00	928	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	500	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	1,429	0.00	0	0	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)	3,500	2,858		928	0	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	5,000					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	0	0.00				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	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	694,950	748.87				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	0	0.00				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)	694,950					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: 26-3301	Period: From 01/01/2016 To 12/31/2016	Worksheet 1-5 Date/Time Prepared: 5/22/2017 10:03 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	584,363		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	787,872	787,872	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)	787,872	787,872	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	47,846	47,846	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)	47,846	47,846	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			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)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	47,846	8.00
9.00	Program payment (see instructions)	630,298	630,298	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	1,314,917		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	1,314,917		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00