

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: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/28/2017 9:11 am
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 11/28/2017 Time: 9:11 am  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5.  Cost Report Status 6. Date Received: 10. NPR Date:  
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4  
 (2) Settled without Audit 8.  Initial Report for this Provider CCN 12.  If line 5, column 1 is 4: Enter  
 (3) Settled with Audit 9.  Final Report for this Provider CCN number of times reopened = 0-9.  
 (4) Reopened  
 (5) Amended

**PART II - CERTIFICATION**

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

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GENESIS MEDICAL CENTER - DAVENPORT ( 16-0033 ) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)  
 \_\_\_\_\_  
 VICE PRESIDENT, FINANCE/CFO  
 Title  
 \_\_\_\_\_  
 11/28/2017  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-510,164	2,829	771,941	0	1.00
2.00 Subprovider - IPF	0	12,582	0		0	2.00
3.00 Subprovider - IRF	0	-23,340	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-520,922	2,829	771,941	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0033		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 2:06 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00 Street: 1227 EAST RUSHOLME		PO Box:										
2.00 City: DAVENPORT		State: IA		Zip Code: 52803-		County: SCOTT						
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		GENESIS MEDICAL CENTER - DAVENPORT		160033	19340	1	07/01/1984	N	P	O	3.00
4.00	Subprovider - IPF		GMC PSYCH		16S033	19340	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF		GMC REHABILITATION		16T033	19340	5	07/01/1984	N	P	N	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2016		06/30/2017		20.00	
21.00	Type of Control (see instructions)						2				21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y		Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,424	361	726	92	9,503	459		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			363	29	57	0	312			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 2:06 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		Y		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00		61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00		61.20	
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	GENESIS FAMILY MEDICINE RESIDENCY	1350	6.71	9.47	0.414710	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0033		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 2:06 pm	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	GENESIS FAMILY MEDICINE RESIDENCY	1350	3.25	14.61	0.181971	67.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N 0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N 0	76.00
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.					N	87.00
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N	94.00



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		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		H55790		140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: GENESIS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001		141.00	
142.00	Street: 1227 EAST RUSHOLME STREET	PO Box:				142.00	
143.00	City: DAVENPORT	State: IA	Zip Code:	52803-2459		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00	
				1.00			
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		N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.25	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 2:06 pm	
			Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2015	09/30/2016	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0033		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/27/2017 2:06 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/07/2017	Y	11/07/2017		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: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-2  
Part II  
Date/Time Prepared:  
11/27/2017 2:06 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
<b>Interest Expense</b>						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
<b>Purchased Services</b>						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
<b>Provider-Based Physicians</b>						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
<b>Home Office Costs</b>						
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
					1.00	2.00
<b>Cost Report Preparer Contact Information</b>						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARTY		ORWI TZ		41.00
42.00	Enter the employer/company name of the cost report preparer.	GENESIS HEALTH SYSTEM				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-421-4175		ORWI TZM@GENESISHEALTH.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/27/2017 2:06 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/27/2017 2:06 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	199	72,635	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)		199	72,635	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	32.01	20	7,300	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		255	93,075	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,140		0	16.00
17.00 SUBPROVIDER - IRF	41.00	34	12,410		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		325				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: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/27/2017 2:06 pm

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)	24,533	1,046	51,526			1.00
2.00 HMO and other (see instructions)	8,334	10,779				2.00
3.00 HMO IPF Subprovider	289	2,912				3.00
4.00 HMO IRF Subprovider	537	610				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	24,533	1,046	51,526			7.00
8.00 INTENSIVE CARE UNIT	2,903	211	5,717			8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	0	334	2,337			9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		195	3,402			13.00
14.00 Total (see instructions)	27,436	1,786	62,982	17.35	1,334.14	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,572	334	7,348	0.50	43.71	16.00
17.00 SUBPROVIDER - IRF	3,259	151	6,035	0.00	33.80	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				0.00	0.00	26.25
27.00 Total (sum of lines 14-26)	0	0	0	17.85	1,411.65	27.00
28.00 Observation Bed Days		64	3,244			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			607			30.00
31.00 Employee discount days - IRF			26			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: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/27/2017 2:06 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	7,061	2,627	17,167	1.00
2.00 HMO and other (see instructions)				1,911	2,097		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
9.01 NICU							9.01
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	7,061	2,627		17,167	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	248	81		1,771	16.00
17.00 SUBPROVIDER - IRF	0.00	0	252	11		443	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 16-0033		Period: From 07/01/2016 To 06/30/2017		Worksheet S-3 Part II Date/Time Prepared: 11/27/2017 2:06 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	92,958,818	0	92,958,818	2,558,283.00	36.34	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		1,191,270	0	1,191,270	39,520.00	30.14	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,539,855	80,763	4,620,618	173,121.00	26.69	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		3,819,181	0	3,819,181	67,647.00	56.46	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		444,591	0	444,591	5,395.00	82.41	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		38,780,567	0	38,780,567	727,252.00	53.32	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		19,180,969	0	19,180,969			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		898,646	0	898,646			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	16,122	0	16,122	1,169.00	13.79	26.00
27.00	Administrative & General	5.00	4,700,072	-1,117,423	3,582,649	111,291.00	32.19	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/27/2017 2:06 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	1,239,063	0	1,239,063	5,785.00	214.19	28.00
29.00	Maintenance & Repairs	1,764,656	0	1,764,656	77,832.00	22.67	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	65,382	0	65,382	5,865.00	11.15	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	2,530,393	0	2,530,393	78,467.00	32.25	33.00
34.00	Dietary	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	767,020	0	767,020	37,390.00	20.51	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,535,207	0	1,535,207	66,986.00	22.92	38.00
39.00	Central Services and Supply	518,748	0	518,748	32,497.00	15.96	39.00
40.00	Pharmacy	5,550,601	0	5,550,601	133,392.00	41.61	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/27/2017 2:06 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	96,304,024	0	96,304,024	2,640,405.00	36.47	1.00
2.00	Excluded area salaries (see instructions)	4,539,855	80,763	4,620,618	173,121.00	26.69	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,764,169	-80,763	91,683,406	2,467,284.00	37.16	3.00
4.00	Subtotal other wages & related costs (see inst.)	43,044,339	0	43,044,339	800,294.00	53.79	4.00
5.00	Subtotal wage-related costs (see inst.)	19,180,969	0	19,180,969	0.00	20.92	5.00
6.00	Total (sum of lines 3 thru 5)	153,989,477	-80,763	153,908,714	3,267,578.00	47.10	6.00
7.00	Total overhead cost (see instructions)	18,687,264	-1,117,423	17,569,841	550,674.00	31.91	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/27/2017 2:06 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,398,600 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			6,931,839 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			0 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			1,622,634 9.00
10.00	Dental, Hearing and Vision Plan			506,209 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			140,920 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			381,133 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,914,783 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			6,713,780 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			102,409 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			5,466 22.00
23.00	Tuition Reimbursement			361,843 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			20,079,616 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/27/2017 2:06 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		3,819,181	20,079,616 1.00
2.00	Hospital		3,819,181	20,079,616 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/27/2017 2:06 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.280375	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		38,073,345	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		160,046,286	6.00	
7.00	Medicaid cost (line 1 times line 6)		44,872,977	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		6,799,632	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		282,301	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,799,632	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	9,124,922	0	9,124,922	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,558,400	0	2,558,400	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,558,400	0	2,558,400	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		9,538,356		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		171,483		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		263,819		27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		9,274,537		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,692,684		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,251,084		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,050,716		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A  
Date/Time Prepared:  
11/27/2017 2:06 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		9,977,747	9,977,747	343,024	10,320,771	1.00
2.00	00200		7,492,669	7,492,669	0	7,492,669	2.00
4.00	00400		9,054,062	9,070,184	0	9,070,184	4.00
5.01	00590	16,122	76,577,710	80,141,916	-3,347,520	76,794,396	5.01
5.02	00560	3,564,206	704,078	1,839,944	0	1,839,944	5.02
5.03	00591	0	0	0	0	0	5.03
6.00	00600	1,764,656	7,887,857	9,652,513	-1,788,087	7,864,426	6.00
6.01	00601	0	0	0	-112,831	-112,831	6.01
6.02	00602	0	0	0	-108,983	-108,983	6.02
6.03	00603	0	0	0	-109,919	-109,919	6.03
6.04	00604	0	0	0	-61,417	-61,417	6.04
6.05	00605	0	0	0	-206,483	-206,483	6.05
6.06	00606	0	0	0	-137,887	-137,887	6.06
6.07	00607	0	0	0	-188,625	-188,625	6.07
6.08	00608	0	0	0	-204,648	-204,648	6.08
6.09	00609	0	0	0	-67,208	-67,208	6.09
6.10	00610	0	0	0	-35,342	-35,342	6.10
7.00	00700	0	0	0	2,226,977	2,226,977	7.00
8.00	00800	65,382	167,603	232,985	0	232,985	8.00
9.00	00900	0	3,651,282	3,651,282	316,615	3,967,897	9.00
10.00	01000	0	3,144,419	3,144,419	-795,849	2,348,570	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	1,535,207	503,656	2,038,863	0	2,038,863	13.00
14.00	01400	518,748	551,405	1,070,153	0	1,070,153	14.00
15.00	01500	5,550,601	1,134,922	6,685,523	0	6,685,523	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	2,972,172	2,972,172	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	22,817,169	6,369,235	29,186,404	-2,464,841	26,721,563	30.00
31.00	03100	4,309,611	1,543,409	5,853,020	0	5,853,020	31.00
32.01	03201	1,141,897	239,265	1,381,162	0	1,381,162	32.01
40.00	04000	2,479,398	551,180	3,030,578	204,823	3,235,401	40.00
41.00	04100	1,764,227	323,943	2,088,170	273,819	2,361,989	41.00
43.00	04300	0	0	0	2,464,841	2,464,841	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	7,268,291	9,642,512	16,910,803	0	16,910,803	50.00
54.00	05400	4,733,759	15,396,801	20,130,560	0	20,130,560	54.00
55.00	05500	3,000,791	11,265,284	14,266,075	0	14,266,075	55.00
57.00	05700	645,467	546,968	1,192,435	0	1,192,435	57.00
58.00	05800	280,802	507,786	788,588	0	788,588	58.00
59.00	05900	2,394,424	3,036,219	5,430,643	0	5,430,643	59.00
60.00	06000	3,252,874	4,863,510	8,116,384	0	8,116,384	60.00
63.00	06300	0	1,691,167	1,691,167	0	1,691,167	63.00
65.00	06500	2,123,633	732,006	2,855,639	0	2,855,639	65.00
66.00	06600	10,826,769	2,743,627	13,570,396	-68,923	13,501,473	66.00
69.00	06900	2,550,490	1,727,873	4,278,363	0	4,278,363	69.00
70.00	07000	713,327	401,726	1,115,053	0	1,115,053	70.00
71.00	07100	0	40,685,112	40,685,112	-24,644,138	16,040,974	71.00
72.00	07200	0	0	0	24,644,138	24,644,138	72.00
73.00	07300	0	15,269,397	15,269,397	0	15,269,397	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	201,932	18,290	220,222	0	220,222	90.01
90.02	09002	1,242,105	1,763,138	3,005,243	0	3,005,243	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	305,955	540,018	845,973	0	845,973	90.04
90.05	09005	664,546	303,293	967,839	0	967,839	90.05
91.00	09100	5,794,333	2,868,147	8,662,480	0	8,662,480	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		92,662,588	243,877,316	336,539,904	-896,292	335,643,612	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	4,313	293	4,606	1,962	6,568	190.00
190.01	19001	0	73,402	73,402	42,110	115,512	190.01
190.02	19002	0	0	0	0	0	190.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A  
Date/Time Prepared:  
11/27/2017 2:06 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	247,768	55,981	303,749	0	303,749	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	531,774	531,774	112,015	643,789	192.01
192.02	19202	FOUNDATION	0	0	0	3,253	3,253	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	44,149	10,915	55,064	0	55,064	192.03
192.04	19204	OUTREACH PROGRAMS	0	3,707,616	3,707,616	40,405	3,748,021	192.04
192.05	19205	PHASE III REHAB	0	0	0	18,913	18,913	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	677,634	677,634	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		TOTAL (SUM OF LINES 118-199)	92,958,818	248,257,297	341,216,115	0	341,216,115	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A  
Date/Time Prepared:  
11/27/2017 2:06 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,335,961	7,984,810	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	7,492,669	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,630,742	5,439,442	4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL	-55,121,782	21,672,614	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	26,033,277	27,873,221	5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS	7,335,816	7,335,816	5.03
6.00	00600	MAINTENANCE & REPAIRS	-290,137	7,574,289	6.00
6.01	00601	MOB I	686,253	573,422	6.01
6.02	00602	MOB II	804,076	695,093	6.02
6.03	00603	BETT MED PARK	697,903	587,984	6.03
6.04	00604	NW CLINICS	320,094	258,677	6.04
6.05	00605	CPMP I	688,032	481,549	6.05
6.06	00606	CPMP II	772,049	634,162	6.06
6.07	00607	BETT PLAZA	926,704	738,079	6.07
6.08	00608	HEART INSTITUTE	1,440,100	1,235,452	6.08
6.09	00609	53RD STREET	249,045	181,837	6.09
6.10	00610	ELDRIDGE	174,814	139,472	6.10
7.00	00700	OPERATION OF PLANT	0	2,226,977	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	43,228	276,213	8.00
9.00	00900	HOUSEKEEPING	0	3,967,897	9.00
10.00	01000	DIETARY	0	2,348,570	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	-27,082	2,011,781	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,083,232	4,153,385	14.00
15.00	01500	PHARMACY	-98,102	6,587,421	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,943,054	3,943,054	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,972,172	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	264,192	264,192	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-13,210	26,708,353	30.00
31.00	03100	INTENSIVE CARE UNIT	-2	5,853,018	31.00
32.01	03201	NICU	0	1,381,162	32.01
40.00	04000	SUBPROVIDER - I PF	-19,314	3,216,087	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,361,989	41.00
43.00	04300	NURSERY	0	2,464,841	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-1,516,447	15,394,356	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,233,173	16,897,387	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-635,675	13,630,400	55.00
57.00	05700	CT SCAN	0	1,192,435	57.00
58.00	05800	MRI	0	788,588	58.00
59.00	05900	CARDIAC CATHETERIZATION	-571,077	4,859,566	59.00
60.00	06000	LABORATORY	0	8,116,384	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,691,167	63.00
65.00	06500	RESPIRATORY THERAPY	-473	2,855,166	65.00
66.00	06600	PHYSICAL THERAPY	-848,630	12,652,843	66.00
69.00	06900	ELECTROCARDIOLOGY	-958,282	3,320,081	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-190,427	924,626	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,040,974	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,644,138	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,269,397	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	09001	CLINICAL PSYCH	0	220,222	90.01
90.02	09002	OP INSTITUTES	-582,767	2,422,476	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARITRIC CLINIC	-489,502	356,471	90.04
90.05	09005	PAIN MANAGEMENT	-156,378	811,461	90.05
91.00	09100	EMERGENCY	-1,327,719	7,334,761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-24,585,013	311,058,599	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,568	190.00
190.01	19001	AUXILIARY	-1,010	114,502	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	303,749	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A  
Date/Time Prepared:  
11/27/2017 2:06 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	643,789	192.01
192.02	19202	FOUNDATION	0	3,253	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	55,064	192.03
192.04	19204	OUTREACH PROGRAMS	-60,292	3,687,729	192.04
192.05	19205	PHASE III REHAB	0	18,913	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	677,634	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	192.08
200.00		TOTAL (SUM OF LINES 118-199)	-24,646,315	316,569,800	200.00

RECLASSIFICATIONS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-6  
Date/Time Prepared:  
11/27/2017 2:06 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - PATIENT SWITCHBOARD COSTS</b>					
1.00	NON REIMBURSEABLE COST	192.01	29,605	2,719	1.00
	TOTALS		29,605	2,719	
<b>B - REHAB COORDINATOR</b>					
1.00	SUBPROVIDER - IRF	41.00	51,158	17,765	1.00
	TOTALS		51,158	17,765	
<b>C - PROPERTY INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	343,024	1.00
	TOTALS		0	343,024	
<b>D - HOUSEKEEPING/PLANT/MAINT COSTS</b>					
1.00	MAINTENANCE & REPAIRS	6.00	0	438,890	1.00
2.00	HOUSEKEEPING	9.00	0	794,453	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		0	1,233,343	
<b>E - RESIDENT AND TEACHING COSTS</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,087,818	1,884,354	1.00
	TOTALS		1,087,818	1,884,354	
<b>F - UTILITY EXPENSE</b>					
1.00	OPERATION OF PLANT	7.00	0	2,226,977	1.00
	TOTALS		0	2,226,977	
<b>G - HOUSEKEEPING RELCASS</b>					
1.00	SUBPROVIDER - IPF	40.00	0	151,524	1.00
2.00	SUBPROVIDER - IRF	41.00	0	139,980	2.00
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,962	3.00
4.00	AUXILIARY	190.01	0	42,110	4.00
5.00	NON REIMBURSEABLE COST	192.01	0	79,691	5.00
6.00	FOUNDATION	192.02	0	3,253	6.00
7.00	OUTREACH PROGRAMS	192.04	0	40,405	7.00
8.00	PHASE III REHAB	192.05	0	18,913	8.00
	TOTALS		0	477,838	
<b>H - NON-ALLOWABLE EMPLOYEE MEALS</b>					
1.00	SUBPROVIDER - IPF	40.00	0	53,299	1.00
2.00	SUBPROVIDER - IRF	41.00	0	64,916	2.00
3.00	NON-ALLOWABLE MEALS	192.07	0	677,634	3.00
	TOTALS		0	795,849	
<b>I - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	24,644,138	1.00
	TOTALS		0	24,644,138	
<b>J - NURSERY</b>					
1.00	NURSERY	43.00	1,938,559	526,282	1.00
	TOTALS		1,938,559	526,282	
500.00	Grand Total: Increases		3,107,140	32,152,289	500.00

RECLASSIFICATIONS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-6

Date/Time Prepared:  
11/27/2017 2:06 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>A - PATIENT SWITCHBOARD COSTS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	29,605	2,719	0	1.00
	TOTALS		29,605	2,719		
<b>B - REHAB COORDINATOR</b>						
1.00	PHYSICAL THERAPY	66.00	51,158	17,765	0	1.00
	TOTALS		51,158	17,765		
<b>C - PROPERTY INSURANCE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	0	343,024	9	1.00
	TOTALS		0	343,024		
<b>D - HOUSEKEEPING/PLANT/MAINT COSTS</b>						
1.00	MOB I	6.01	0	112,831	0	1.00
2.00	MOB II	6.02	0	108,983	0	2.00
3.00	BETT MED PARK	6.03	0	109,919	0	3.00
4.00	NW CLINICS	6.04	0	61,417	0	4.00
5.00	CPMP I	6.05	0	206,483	0	5.00
6.00	CPMP II	6.06	0	137,887	0	6.00
7.00	BETT PLAZA	6.07	0	188,625	0	7.00
8.00	HEART INSTITUTE	6.08	0	204,648	0	8.00
9.00	53RD STREET	6.09	0	67,208	0	9.00
10.00	ELDRIDGE	6.10	0	35,342	0	10.00
	TOTALS		0	1,233,343		
<b>E - RESIDENT AND TEACHING COSTS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	1,087,818	1,884,354	0	1.00
	TOTALS		1,087,818	1,884,354		
<b>F - UTILITY EXPENSE</b>						
1.00	MAINTENANCE & REPAIRS	6.00	0	2,226,977	0	1.00
	TOTALS		0	2,226,977		
<b>G - HOUSEKEEPING RELCASS</b>						
1.00	HOUSEKEEPING	9.00	0	477,838	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	TOTALS		0	477,838		
<b>H - NON-ALLOWABLE EMPLOYEE MEALS</b>						
1.00	DIETARY	10.00	0	795,849	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	795,849		
<b>I - IMPLANTABLE DEVICES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	24,644,138	0	1.00
	TOTALS		0	24,644,138		
<b>J - NURSERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,938,559	526,282	0	1.00
	TOTALS		1,938,559	526,282		
500.00	Grand Total: Decreases		3,107,140	32,152,289		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	6,271,579	985,226	0	985,226	0	1.00
2.00	Land Improvements	18,946,504	187,680	0	187,680	0	2.00
3.00	Buildings and Fixtures	200,056,786	108,372,025	0	108,372,025	0	3.00
4.00	Building Improvements	14,518,834	71,633	0	71,633	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	168,768,944	16,966,761	0	16,966,761	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	408,562,647	126,583,325	0	126,583,325	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	408,562,647	126,583,325	0	126,583,325	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	7,256,805	0				1.00
2.00	Land Improvements	19,134,184	0				2.00
3.00	Buildings and Fixtures	308,428,811	0				3.00
4.00	Building Improvements	14,590,467	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	185,735,705	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	535,145,972	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	535,145,972	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	9,977,747	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,492,669	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,470,416	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	9,977,747				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,492,669				2.00
3.00	Total (sum of lines 1-2)	0	17,470,416				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/27/2017 2:06 pm

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	349,410,266	0	349,410,266	0.652925	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	185,735,705	0	185,735,705	0.347075	0	2.00
3.00	Total (sum of lines 1-2)	535,145,971	0	535,145,971	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	10,320,771	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,492,669	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,813,440	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-2,335,961	0	0	0	7,984,810	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,492,669	2.00
3.00	Total (sum of lines 1-2)	-2,335,961	0	0	0	15,477,479	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8

Date/Time Prepared:  
11/27/2017 2:06 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,228,605					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	-6,765,671					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 ADMINISTRATION - DISCOUNTS EARNED	B	-184,436	0	OTHER ADMINISTRATIVE AND GENERAL	5.01		0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8

Date/Time Prepared:  
11/27/2017 2:06 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
34.00	ADMINISTRATION - MISCELLANEOUS REVENUE	B	-34,348	OTHER ADMINISTRATIVE AND GENERAL	5.01	0	34.00
35.00	ADMINISTRATION - RENTAL INCOME -3RD	B	-32,616	OTHER ADMINISTRATIVE AND GENERAL	5.01	0	35.00
36.00	ADMINISTRATION - RENTAL INCOME - REL	B	-4,591	OTHER ADMINISTRATIVE AND GENERAL	5.01	0	36.00
37.00	MEDICAL STAFF - DAVENPORT - OTHER OP	B	-138,600	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	37.00
38.00	SMALL POX IMMUNIZATION PROJECT - MIS	B	-17,578	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	38.00
39.00	VOLUNTEER SERVICES - MISCELLANEOUS R	B	-1,526	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	39.00
41.00	BIOMED SERVICES - MISCELLANEOUS REVENUE	B	-264,924	MAINTENANCE & REPAIRS	6.00	0	41.00
41.01	GROUNDS - MISCELLANEOUS REVENUE	B	-25,213	MAINTENANCE & REPAIRS	6.00	0	41.01
41.02	LINEN SERVICES - MISCELLANEOUS REVENUE	B	-228	LAUNDRY & LINEN SERVICE	8.00	0	41.02
41.03	PHARMACY - W - CASH SALES	B	-49,972	PHARMACY	15.00	0	41.03
41.04	PHARMACY - E - CASH SALES	B	-34,517	PHARMACY	15.00	0	41.04
42.00	BIRTH CENTER - MISCELLANEOUS REVENUE	B	-13,210	ADULTS & PEDIATRICS	30.00	0	42.00
42.01	ADULT PSYCHIATRIC - MISCELLANEOUS RE	B	-19,314	SUBPROVIDER - I/PF	40.00	0	42.01
42.02	OPERATING ROOMS-W/E - VENDOR REBATES	B	-11,818	OPERATING ROOM	50.00	0	42.02
42.03	GIC-53RD ST-GENRAD - OUTREACH REVENUE	B	-2,588,850	RADIOLOGY-DIAGNOSTIC	54.00	0	42.03
42.04	GIC-DG-GENRAD - OUTREACH REVENUE	B	-523,592	RADIOLOGY-DIAGNOSTIC	54.00	0	42.04
42.05	RADIOLOGY SERVICES OUTREACH - MISCELLANEOUS	B	-73,604	RADIOLOGY-DIAGNOSTIC	54.00	0	42.05
42.06	RADIOLOGY SERVICES ADMIN - E - MISCELLANEOUS	B	-3,101	RADIOLOGY-DIAGNOSTIC	54.00	0	42.06
43.00	RADIOLOGY - MISCELLANEOUS REVENUE	B	-25	RADIOLOGY-DIAGNOSTIC	54.00	0	43.00
43.01	CANCER CENTER - MISCELLANEOUS REVENUE	B	-19,920	RADIOLOGY-THERAPEUTIC	55.00	0	43.01
43.02	RADIATION THERAPY - W - OUTREACH REV	B	50	RADIOLOGY-THERAPEUTIC	55.00	0	43.02
43.03	CARDIAC CATH LAB - OUTREACH REVENUE	B	-61,166	CARDIAC CATHETERIZATION	59.00	0	43.03
43.04	CARDIAC SERVICES ADMIN - MISCELLANEOUS	B	-25,000	CARDIAC CATHETERIZATION	59.00	0	43.04
43.05	SPORTS PERFORMANCE - MISCELLANEOUS R	B	-133,819	PHYSICAL THERAPY	66.00	0	43.05
43.06	P. T. CLINIC WEST-VALLEY FAIR - MISCELLANEOUS	B	-2,211	PHYSICAL THERAPY	66.00	0	43.06
43.07	REHAB PEDIATRICS (MMP) - MISCELLANEOUS	B	-937	PHYSICAL THERAPY	66.00	0	43.07
43.08	LOMBARD PHYSICAL REHAB - MISCELLANEOUS	B	-202	PHYSICAL THERAPY	66.00	0	43.08
43.09	REHAB O. P. (BETT) - MISCELLANEOUS REV	B	-123	PHYSICAL THERAPY	66.00	0	43.09
43.10	PHYSICAL THERAPY - MISCELLANEOUS REV	B	-62	PHYSICAL THERAPY	66.00	0	43.10
43.11	CARDIOGRAPHICS - MISCELLANEOUS REVENUE	B	-1,650	ELECTROCARDIOLOGY	69.00	0	43.11
43.12	NEURODIAGNOSTICS - MISCELLANEOUS REV	B	-15	ELECTROENCEPHALOGRAPHY	70.00	0	43.12
43.13	DIABETES INSTITUTE - MISCELLANEOUS R	B	-35,560	OP INSTITUTES	90.02	0	43.13
43.14	WOUND OSTOMY INSTITUTE - MISCELLANEOUS	B	-95	OP INSTITUTES	90.02	0	43.14
43.15	PAIN MANAGEMENT - BETTENDORF - MISCELLANEOUS	B	-254	PAIN MANAGEMENT	90.05	0	43.15
43.16	ADMINISTRATION - DONATIONS	A	-8,543	OTHER ADMINISTRATIVE AND GENERAL	5.01	0	43.16
43.17	MEDICAL STAFF - DAVENPORT - DONATION	A	-500	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	43.17

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
43.18 PATIENT SERVICES ADMIN. - DONATIONS	A	-1,500	NURSING ADMINISTRATION	13.00	0 43.18
43.19 DISTRIBUTION -E (USE 10.78020) - DONATED	A	-1,228	CENTRAL SERVICES & SUPPLY	14.00	0 43.19
44.01 OPERATING ROOMS-W/E - DONATED INVENT	A	-14,961	OPERATING ROOM	50.00	0 44.01
44.02 CANCER CENTER - DONATIONS	A	-5,000	RADIOLOGY-THERAPEUTIC	55.00	0 44.02
44.03 CARDIAC SERVICES ADMIN - DONATIONS	A	-6,500	CARDIAC CATHETERIZATION	59.00	0 44.03
44.04 CARDIAC CATH LAB - DONATED INVENTORY	A	-37,275	CARDIAC CATHETERIZATION	59.00	0 44.04
44.05 INTEREST INCOME	B	-2,299,541	CAP REL COSTS-BLDG & FIXT	1.00	11 44.05
45.00 INTEREST EXPENSE 97 BONDS	A	-36,420	CAP REL COSTS-BLDG & FIXT	1.00	11 45.00
45.01 ADVERTISING	A	-559,846	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 45.01
45.02 ADVERTISING	A	-619	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 45.02
45.03 ADVERTISING	A	-565	NURSING ADMINISTRATION	13.00	0 45.03
45.04 ADVERTISING	A	-235	RADIOLOGY-DIAGNOSTIC	54.00	0 45.04
45.05 ADVERTISING	A	-3,488	RADIOLOGY-THERAPEUTIC	55.00	0 45.05
45.06 ADVERTISING	A	-343	CARDIAC CATHETERIZATION	59.00	0 45.06
45.07 ADVERTISING	A	-93,405	PHYSICAL THERAPY	66.00	0 45.07
45.08 ADVERTISING	A	-1,157	BARIATRIC CLINIC	90.04	0 45.08
45.09 ADVERTISING	A	-391	AUXILIARY	190.01	0 45.09
45.10 SELF INSURANCE OFFSET	A	-3,749,159	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.10
45.11 NON ALLOWABLE LOBBYING FEES	A	-36,358	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 45.11
45.12 PROVIDER TAX ASSESSMENT	A	-2,491,410	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 45.12
45.13 ALCOHOL PURCHASES	A	-568	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 45.13
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-24,646,315			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 16-0033

Period: From 07/01/2016 To 06/30/2017

Worksheet A-8-1

Date/Time Prepared: 11/27/2017 2:06 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.01	OTHER ADMINISTRATIVE AND GEN	RELATED RENT EXP	0	145,068 1.00
2.00	13.00	NURSING ADMINISTRATION	RELATED RENT EXP	0	25,017 2.00
3.00	15.00	PHARMACY	RELATED RENT EXP	0	13,613 3.00
4.00	50.00	OPERATING ROOM	RELATED RENT EXP	0	393,720 4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	RELATED RENT EXP	0	43,766 4.01
4.02	55.00	RADIOLOGY-THERAPEUTIC	RELATED RENT EXP	0	595,767 4.02
4.03	59.00	CARDIAC CATHETERIZATION	RELATED RENT EXP	0	40,792 4.03
4.04	66.00	PHYSICAL THERAPY	RELATED RENT EXP	0	617,871 4.04
4.05	69.00	ELECTROCARDIOLOGY	RELATED RENT EXP	0	490,225 4.05
4.06	90.02	OP INSTITUTES	RELATED RENT EXP	0	209,612 4.06
4.07	90.04	BARIATRIC CLINIC	RELATED RENT EXP	0	89,757 4.07
4.08	90.05	PAIN MANAGEMENT	RELATED RENT EXP	0	156,124 4.08
4.09	190.01	AUXILIARY	RELATED RENT EXP	0	619 4.09
4.10	192.04	OUTREACH PROGRAMS	RELATED RENT EXP	0	60,292 4.10
4.11	6.01	MOB I	GEN VEN BLDG COST	686,253	0 4.11
4.12	6.02	MOB II	GEN VEN BLDG COST	804,076	0 4.12
4.13	6.03	BETT MED PARK	GEN VEN BLDG COST	697,903	0 4.13
4.14	6.04	NW CLINICS	GEN VEN BLDG COST	320,094	0 4.14
4.15	6.05	CPMP I	GEN VEN BLDG COST	688,032	0 4.15
4.16	6.06	CPMP II	GEN VEN BLDG COST	772,049	0 4.16
4.17	6.07	BETT PLAZA	GEN VEN BLDG COST	926,704	0 4.17
4.18	6.08	HEART INSTITUTE	GEN VEN BLDG COST	1,440,100	0 4.18
4.19	6.09	53RD STREET	GEN VEN BLDG COST	249,045	0 4.19
4.20	6.10	ELDRIDGE	GEN VEN BLDG COST	174,814	0 4.20
4.21	5.01	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE A&G	12,253,026	51,958,558 4.21
4.22	5.02	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE A&G	26,228,458	0 4.22
4.23	5.03	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE A&G	7,335,816	0 4.23
4.24	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE A&G	3,084,460	0 4.24
4.25	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE A&G	3,943,054	0 4.25
4.26	23.00	PARAMEDICAL PRGM - PASTORAL C	PASTORAL CARE PROGRAM	264,192	0 4.26
4.27	5.01	OTHER ADMINISTRATIVE AND GEN	GHG PHYSICIAN PRACTICE	0	11,954,819 4.27
4.28	8.00	LAUNDRY & LINEN SERVICE	CRESCENT LAUNDRY	922,903	879,447 4.28
4.29	4.00	EMPLOYEE BENEFITS DEPARTMENT	EE PRESCRIPTION	1,741,051	1,622,634 4.29
4.30	22.00	I&R SERVICES-OTHER PRGM COST	I&R	2,972,172	2,972,172 4.30
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			65,504,202	72,269,873 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

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

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

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8-1

Date/Time Prepared:  
11/27/2017 2:06 pm

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

(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: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8-1

Date/Time Prepared:  
11/27/2017 2:06 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-145,068	0		1.00
2.00	-25,017	0		2.00
3.00	-13,613	0		3.00
4.00	-393,720	0		4.00
4.01	-43,766	0		4.01
4.02	-595,767	0		4.02
4.03	-40,792	0		4.03
4.04	-617,871	0		4.04
4.05	-490,225	0		4.05
4.06	-209,612	0		4.06
4.07	-89,757	0		4.07
4.08	-156,124	0		4.08
4.09	-619	0		4.09
4.10	-60,292	0		4.10
4.11	686,253	0		4.11
4.12	804,076	0		4.12
4.13	697,903	0		4.13
4.14	320,094	0		4.14
4.15	688,032	0		4.15
4.16	772,049	0		4.16
4.17	926,704	0		4.17
4.18	1,440,100	0		4.18
4.19	249,045	0		4.19
4.20	174,814	0		4.20
4.21	-39,705,532	0		4.21
4.22	26,228,458	0		4.22
4.23	7,335,816	0		4.23
4.24	3,084,460	0		4.24
4.25	3,943,054	0		4.25
4.26	264,192	0		4.26
4.27	-11,954,819	0		4.27
4.28	43,456	0		4.28
4.29	118,417	0		4.29
4.30	0	0		4.30
5.00	-6,765,671			5.00

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

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

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

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

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

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

(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: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8-2  
Date/Time Prepared:  
11/27/2017 2:06 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.01	AGGREGATE-OTHER ADMINISTRATIVE AND G	205,603	0	205,603	171,400	2,495	1.00
2.00	5.02	AGGREGATE-OTHER ADMINISTRATIVE AND G	113,950	0	113,950	171,400	1,383	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	41,000	0	41,000	171,400	498	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	29,750	0	29,750	171,400	361	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	1,095,948	1,095,948	0	204,100	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	231,100	0	6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	39,305	11,550	27,755	171,400	337	7.00
8.00	60.00	AGGREGATE-LABORATORY	0	0	0	219,500	0	8.00
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	6,818	468	6,350	171,400	77	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	466,407	466,407	0	171,400	0	10.00
11.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	400,001	400,001	0	171,400	0	11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	200,630	190,393	10,237	171,400	124	12.00
13.00	90.02	AGGREGATE-OPINSTITUTES	337,500	337,500	0	171,400	0	13.00
14.00	90.04	AGGREGATE-BARIATRIC CLINIC	406,581	398,565	8,016	171,400	97	14.00
15.00	91.00	AGGREGATE-EMERGENCY	1,329,614	1,327,682	1,932	171,400	23	15.00
200.00			4,673,107	4,228,514	444,593		5,395	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.01	AGGREGATE-OTHER ADMINISTRATIVE AND G	205,598	10,280	0	0	0	1.00
2.00	5.02	AGGREGATE-OTHER ADMINISTRATIVE AND G	113,965	5,698	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	41,037	2,052	0	0	0	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	29,748	1,487	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	27,770	1,389	0	0	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	8.00
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	6,345	317	0	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	10,218	511	0	0	0	12.00
13.00	90.02	AGGREGATE-OPINSTITUTES	0	0	0	0	0	13.00
14.00	90.04	AGGREGATE-BARIATRIC CLINIC	7,993	400	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	1,895	95	0	0	0	15.00
200.00			444,569	22,229	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.01	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	205,598	5	5		1.00
2.00	5.02	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	113,965	0	0		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	41,037	0	0		3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	29,748	2	2		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	1,095,948		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0		6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	27,770	0	11,550		7.00
8.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		8.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8-2

Date/Time Prepared:  
11/27/2017 2:06 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
9.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	6,345	5	473		9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	466,407		10.00
11.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	400,001		11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	10,218	19	190,412		12.00
13.00	90.02	AGGREGATE-OP INSTITUTES	0	0	0	337,500		13.00
14.00	90.04	AGGREGATE-BARIATRIC CLINIC	0	7,993	23	398,588		14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	1,895	37	1,327,719		15.00
200.00			0	444,569	91	4,228,605		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 2:06 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	OTHER ADMINISTRATIVE AND GENERAL		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				4.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 CAP REL COSTS-BLDG & FIXT	7,984,810	7,984,810				1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP	7,492,669		7,492,669			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	5,439,442	32,101	1,851	5,473,394		4.00	
5.01 00590 OTHER ADMINISTRATIVE AND GENERAL	21,672,614	998,557	508,673	144,091	23,323,935	5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL	27,873,221	152,531	66,737	66,891	23,323,935	5.02	
5.03 00591 OTHER ADMINISTRATIVE AND GENERAL SBS	7,335,816	0	0	0	0	5.03	
6.00 00600 MAINTENANCE & REPAIRS	7,574,289	956,709	264,570	103,921	0	6.00	
6.01 00601 MOB I	573,422	0	0	0	0	6.01	
6.02 00602 MOB II	695,093	0	0	0	0	6.02	
6.03 00603 BETT MED PARK	587,984	0	0	0	0	6.03	
6.04 00604 NW CLINICS	258,677	0	0	0	0	6.04	
6.05 00605 CPMP I	481,549	0	0	0	0	6.05	
6.06 00606 CPMP II	634,162	0	0	0	0	6.06	
6.07 00607 BETT PLAZA	738,079	0	0	0	0	6.07	
6.08 00608 HEART INSTITUTE	1,235,452	0	0	0	0	6.08	
6.09 00609 53RD STREET	181,837	0	0	0	0	6.09	
6.10 00610 ELDRI DGE	139,472	0	0	0	0	6.10	
7.00 00700 OPERATION OF PLANT	2,226,977	0	0	0	0	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	276,213	30,375	405	3,850	0	8.00	
9.00 00900 HOUSEKEEPING	3,967,897	61,017	310,317	0	0	9.00	
10.00 01000 DIETARY	2,348,570	152,130	27,652	0	0	10.00	
11.00 01100 CAFETERIA	0	82,692	0	0	0	11.00	
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01	
13.00 01300 NURSING ADMINISTRATION	2,011,781	41,146	29,733	90,408	0	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	4,153,385	242,374	636,791	30,549	0	14.00	
15.00 01500 PHARMACY	6,587,421	112,911	234,216	326,875	0	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	3,943,054	81,500	0	0	0	16.00	
17.00 01700 SOCIAL SERVICE	0	31,923	0	0	0	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	2,972,172	194,322	0	64,062	0	22.00	
23.00 02300 PARAMED ED PRGM - PASTORAL CARE	264,192	7,641	0	0	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	26,708,353	1,427,501	148,679	1,229,538	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	5,853,018	36,946	327,060	253,793	0	31.00	
32.01 03201 NICU	1,381,162	27,267	48,722	67,246	0	32.01	
40.00 04000 SUBPROVIDER - I PF	3,216,087	221,044	17,070	146,012	0	40.00	
41.00 04100 SUBPROVIDER - I RF	2,361,989	204,202	6,839	106,908	0	41.00	
43.00 04300 NURSERY	2,464,841	0	0	114,162	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	15,394,356	566,482	1,526,810	428,030	0	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,897,387	479,056	457,402	278,771	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	13,630,400	20,083	385,233	176,717	0	55.00	
57.00 05700 CT SCAN	1,192,435	19,047	171,577	38,012	0	57.00	
58.00 05800 MRI	788,588	28,537	239,683	16,536	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	4,859,566	120,630	1,175,756	141,008	0	59.00	
60.00 06000 LABORATORY	8,116,384	189,845	264,730	191,562	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,691,167	3,765	2,667	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	2,855,166	52,106	57,002	125,061	0	65.00	
66.00 06600 PHYSICAL THERAPY	12,652,843	700,312	153,436	634,576	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	3,320,081	83,450	169,781	150,198	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	924,626	58,254	84,678	42,008	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	16,040,974	8,799	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	24,644,138	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	15,269,397	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01 09001 CLINICAL PSYCH	220,222	0	0	11,892	0	90.01	
90.02 09002 OP INSTITUTES	2,422,476	43,217	29,837	73,148	0	90.02	
90.03 09003 MARC	0	0	0	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	356,471	18,434	10,104	18,018	0	90.04	
90.05 09005 PAIN MANAGEMENT	811,461	0	40,649	39,135	0	90.05	
91.00 09100 EMERGENCY	7,334,761	224,965	86,437	341,228	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	311,058,599	7,711,871	7,485,097	5,454,206	23,323,935	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	OTHER ADMINISTRATIVE AND GENERAL	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,568	2,863	0	254	0
190.01 19001	AUXILIARY	114,502	61,429	2,499	0	0
190.02 19002	FIRST MED CLINICS	0	0	0	0	0
190.03 19003	EAP	0	0	0	0	0
191.00 19100	RESEARCH	303,749	1,114	1,064	14,591	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	NON REIMBURSEABLE COST	643,789	116,253	0	1,743	0
192.02 19202	FOUNDATION	3,253	4,745	1,251	0	0
192.03 19203	BIO MED SERVICES - OUTREACH	55,064	0	0	2,600	0
192.04 19204	OUTREACH PROGRAMS	3,687,729	58,945	0	0	0
192.05 19205	PHASE III REHAB	18,913	27,590	2,538	0	0
192.06 19206	AFFILIATES	0	0	0	0	0
192.07 19207	NON-ALLOWABLE MEALS	677,634	0	0	0	0
192.08 19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	220	0	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	316,569,800	7,984,810	7,492,669	5,473,394	23,323,935

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 16-0033		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/27/2017 2:06 pm	
Cost Center Description		Subtotal	OTHER ADMIN STRATIVE AND GENERAL	OTHER ADMIN STRATIVE AND GENERAL SBS	MAINTENANCE & REPAIRS	MOB I	
		5A.01	5.02	5.03	6.00	6.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	OTHER ADMIN STRATIVE AND GENERAL					5.01
5.02	00560	OTHER ADMIN STRATIVE AND GENERAL	51,483,315	51,483,315			5.02
5.03	00591	OTHER ADMIN STRATIVE AND GENERAL SBS	7,335,816	1,425,026	8,760,842		5.03
6.00	00600	MAINTENANCE & REPAIRS	8,899,489	1,728,779	0	10,628,268	6.00
6.01	00601	MOB I	573,422	111,391	0	0	684,813
6.02	00602	MOB II	695,093	135,026	0	0	0
6.03	00603	BETT MED PARK	587,984	114,219	0	0	0
6.04	00604	NW CLINICS	258,677	50,250	0	0	0
6.05	00605	CPMP I	481,549	93,544	0	0	0
6.06	00606	CPMP II	634,162	123,190	0	0	0
6.07	00607	BETT PLAZA	738,079	143,376	0	0	0
6.08	00608	HEART INSTITUTE	1,235,452	239,994	0	0	0
6.09	00609	53RD STREET	181,837	35,323	0	0	0
6.10	00610	ELDRIDGE	139,472	27,093	0	0	0
7.00	00700	OPERATION OF PLANT	2,226,977	432,604	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	310,843	60,383	0	55,233	0
9.00	00900	HOUSEKEEPING	4,339,231	842,922	0	110,952	14,110
10.00	01000	DIETARY	2,528,352	491,148	0	276,630	0
11.00	01100	CAFETERIA	82,692	16,063	0	150,366	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,173,068	422,131	0	74,818	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,063,099	983,537	0	440,728	0
15.00	01500	PHARMACY	7,261,423	1,410,575	0	205,315	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,024,554	781,794	0	148,199	0
17.00	01700	SOCIAL SERVICE	31,923	6,201	0	58,048	4,273
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,230,556	627,555	0	353,352	0
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	271,833	52,805	0	13,894	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	29,514,071	5,733,160	676,224	2,595,741	0
31.00	03100	INTENSIVE CARE UNIT	6,470,817	1,256,995	152,710	67,183	0
32.01	03201	NI CU	1,524,397	296,123	36,400	49,582	0
40.00	04000	SUBPROVIDER - I PF	3,600,213	699,363	70,181	401,941	0
41.00	04100	SUBPROVIDER - I RF	2,679,938	520,594	55,092	371,317	0
43.00	04300	NURSERY	2,579,003	500,987	24,704	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	17,915,678	3,480,228	847,570	1,030,080	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,112,616	3,518,484	721,035	871,106	0
55.00	05500	RADIOLOGY-THERAPEUTIC	14,212,433	2,760,850	478,398	36,518	60,592
57.00	05700	CT SCAN	1,421,071	276,052	408,863	34,634	0
58.00	05800	MRI	1,073,344	208,504	128,069	51,891	0
59.00	05900	CARDIAC CATHETERIZATION	6,296,960	1,223,222	920,728	219,351	0
60.00	06000	LABORATORY	8,762,521	1,702,172	579,430	345,210	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,697,599	329,769	27,451	6,846	0
65.00	06500	RESPIRATORY THERAPY	3,089,335	600,122	228,882	94,748	0
66.00	06600	PHYSICAL THERAPY	14,141,167	2,747,007	366,530	1,273,432	2,320
69.00	06900	ELECTROCARDIOLOGY	3,723,510	723,314	199,470	151,743	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,109,566	215,540	70,504	105,929	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,049,773	3,117,765	572,215	16,001	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,644,138	4,787,272	727,969	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	15,269,397	2,966,172	730,665	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	CLINICAL PSYCH	232,114	45,090	10,852	0	0
90.02	09002	OP INSTITUTES	2,568,678	498,981	143,166	78,586	0
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARITRIC CLINIC	403,027	78,290	3,238	33,520	0
90.05	09005	PAIN MANAGEMENT	891,245	173,130	39,071	0	0
91.00	09100	EMERGENCY	7,987,391	1,551,599	541,425	409,071	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	310,758,900	50,365,714	8,760,842	10,131,965	81,295
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,685	1,881	0	5,205	0
190.01	19001	AUXILIARY	178,430	34,661	0	111,701	0
190.02	19002	FIRST MED CLINICS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL SBS	MAINTENANCE & REPAIRS	MOB I	
			5A.01	5.02	5.03	6.00	6.01	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	320,518	62,263	0	2,025	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	761,785	147,981	0	211,391	477,415	192.01
192.02	19202	FOUNDATION	9,249	1,797	0	8,628	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	57,664	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	3,746,674	727,814	0	107,184	126,103	192.04
192.05	19205	PHASE III REHAB	49,041	9,527	0	50,169	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	677,634	131,634	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	220	43	0	0	0	192.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	316,569,800	51,483,315	8,760,842	10,628,268	684,813	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 16-0033			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/27/2017 2:06 pm	
Cost Center Description		MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II		
		6.02	6.03	6.04	6.05	6.06		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100							1.00
2.00	00200							2.00
4.00	00400							4.00
5.01	00590							5.01
5.02	00560							5.02
5.03	00591							5.03
6.00	00600							6.00
6.01	00601							6.01
6.02	00602	830,119						6.02
6.03	00603		702,203					6.03
6.04	00604			308,927				6.04
6.05	00605				575,093			6.05
6.06	00606					757,352		6.06
6.07	00607							6.07
6.08	00608							6.08
6.09	00609							6.09
6.10	00610							6.10
7.00	00700							7.00
8.00	00800							8.00
9.00	00900	4,269	796			549		9.00
10.00	01000					14,613		10.00
11.00	01100							11.00
11.01	01101							11.01
13.00	01300	1,659				1,613		13.00
14.00	01400							14.00
15.00	01500							15.00
16.00	01600							16.00
17.00	01700						3,912	17.00
21.00	02100							21.00
22.00	02200							22.00
23.00	02300							23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	1,659						30.00
31.00	03100							31.00
32.01	03201							32.01
40.00	04000							40.00
41.00	04100							41.00
43.00	04300							43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000				189,402			50.00
54.00	05400							54.00
55.00	05500	1,073			137,511	20,625		55.00
57.00	05700							57.00
58.00	05800							58.00
59.00	05900							59.00
60.00	06000							60.00
63.00	06300							63.00
65.00	06500							65.00
66.00	06600							66.00
69.00	06900							69.00
70.00	07000							70.00
71.00	07100							71.00
72.00	07200							72.00
73.00	07300							73.00
74.00	07400							74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001							90.01
90.02	09002				1,579	26,590		90.02
90.03	09003							90.03
90.04	09004							90.04
90.05	09005							90.05
91.00	09100							91.00
92.00	09200							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500							95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		8,660	796		345,267	51,127		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000							190.00
190.01	19001							190.01
190.02	19002		103,572	122,302				190.02
190.03	19003							190.03
191.00	19100							191.00
192.00	19200							192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MOB 11	BETT MED PARK	NW CLINICS	CPMP I	CPMP 11	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	821,459	597,835	186,625	229,826	706,225	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	830,119	702,203	308,927	575,093	757,352	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 16-0033		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/27/2017 2:06 pm	
Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA	881,455					6.07
6.08	00608	HEART INSTITUTE	0	1,475,446				6.08
6.09	00609	53RD STREET	0	0	217,160			6.09
6.10	00610	ELDRIDGE	0	0	0	166,565		6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	2,659,581	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	13,821	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	27,764	9.00
10.00	01000	DIETARY	0	0	0	0	69,223	10.00
11.00	01100	CAFETERIA	0	0	0	0	37,627	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	18,722	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	110,286	14.00
15.00	01500	PHARMACY	0	0	0	0	51,377	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	33,025	0	0	0	37,085	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	14,526	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	88,422	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	3,477	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	649,548	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	16,812	31.00
32.01	03201	NICU	0	0	0	0	12,407	32.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	100,580	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	92,917	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	257,764	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,235	0	0	0	217,983	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	9,138	55.00
57.00	05700	CT SCAN	0	0	0	0	8,667	57.00
58.00	05800	MRI	0	0	0	0	12,985	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	54,890	59.00
60.00	06000	LABORATORY	0	0	0	0	86,384	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,713	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	23,710	65.00
66.00	06600	PHYSICAL THERAPY	165,531	0	0	0	318,659	66.00
69.00	06900	ELECTROCARDIOLOGY	0	612,836	0	0	37,972	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	26,507	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,004	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	47,971	0	0	0	19,665	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	0	0	0	0	8,388	90.04
90.05	09005	PAIN MANAGEMENT	97,470	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	102,364	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	362,232	612,836	0	0	2,535,387	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,303	190.00
190.01	19001	AUXILIARY	0	0	0	0	27,952	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	507	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	519,223	862,610	217,160	166,565	52,898	192.01
192.02	19202	FOUNDATION	0	0	0	0	2,159	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	26,821	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	12,554	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	881,455	1,475,446	217,160	166,565	2,659,581	202.00

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA					6.07
6.08	00608	HEART INSTITUTE					6.08
6.09	00609	53RD STREET					6.09
6.10	00610	ELDRIDGE					6.10
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	440,280				8.00
9.00	00900	HOUSEKEEPING	0	5,340,593			9.00
10.00	01000	DIETARY	0	161,744	3,541,710		10.00
11.00	01100	CAFETERIA	0	87,918	2,810,166	3,184,832	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	3,184,832	11.01
13.00	01300	NURSING ADMINISTRATION	0	43,746	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	257,691	0	0	14.00
15.00	01500	PHARMACY	0	120,046	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	86,651	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	33,940	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	206,603	0	0	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	8,124	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	193,599	1,517,711	659,032	0	880,681
31.00	03100	INTENSIVE CARE UNIT	23,456	39,281	72,512	0	137,592
32.01	03201	NICU	1,808	28,990	0	0	36,327
40.00	04000	SUBPROVIDER - IPF	8,811	0	0	0	98,318
41.00	04100	SUBPROVIDER - IRF	14,443	0	0	0	76,027
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	65,505	576,180	0	0	248,821
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,066	508,240	0	0	194,050
55.00	05500	RADIOLOGY-THERAPEUTIC	8,360	39,293	0	0	94,854
57.00	05700	CT SCAN	5,408	20,251	0	0	23,011
58.00	05800	MRI	0	30,340	0	0	9,740
59.00	05900	CARDIAC CATHETERIZATION	11,620	128,253	0	0	82,663
60.00	06000	LABORATORY	0	201,096	0	0	163,212
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,003	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	54,866	0	0	87,747
66.00	06600	PHYSICAL THERAPY	685	727,645	0	0	359,983
69.00	06900	ELECTROCARDIOLOGY	698	88,356	0	0	90,018
70.00	07000	ELECTROENCEPHALOGRAPHY	6,804	61,936	0	0	29,151
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,355	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	CLINICAL PSYCH	0	0	0	0	4,926
90.02	09002	OP INSTITUTES	1,954	45,949	0	0	49,530
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARITRIC CLINIC	0	19,599	0	0	14,216
90.05	09005	PAIN MANAGEMENT	0	0	0	0	24,968
91.00	09100	EMERGENCY	72,063	232,786	0	0	217,646
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	440,280	5,340,593	3,541,710	3,184,832	3,175,340
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	157
190.01	19001	AUXILIARY	0	0	0	0	0
190.02	19002	FIRST MED CLINICS	0	0	0	0	0
190.03	19003	EAP	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	8,030

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	1,305	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	440,280	5,340,593	3,541,710	3,184,832	3,184,832	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	2,808,186					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,890,476				14.00
15.00	01500	PHARMACY	0	32,147	9,225,133			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,111,308		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	152,868	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,434,583	242,120	0	394,526	107,955	30.00
31.00	03100	INTENSIVE CARE UNIT	117,699	94,067	0	89,095	11,978	31.00
32.01	03201	NICU	68,606	7,494	0	21,237	4,896	32.01
40.00	04000	SUBPROVIDER - I PF	97,362	1,881	0	40,946	15,395	40.00
41.00	04100	SUBPROVIDER - I RF	127,306	10,598	0	32,142	12,644	41.00
43.00	04300	NURSERY	0	0	0	14,413	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	345,592	611,638	0	494,493	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,153	80,344	0	420,670	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	52,130	15,435	3,560,046	279,109	0	55.00
57.00	05700	CT SCAN	33	19,525	0	238,541	0	57.00
58.00	05800	MRI	0	1,067	0	74,719	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	71,966	96,647	0	537,188	0	59.00
60.00	06000	LABORATORY	0	19,454	0	338,054	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	16,016	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	39,526	0	133,535	0	65.00
66.00	06600	PHYSICAL THERAPY	33	16,930	0	213,843	0	66.00
69.00	06900	ELECTROCARDIOLOGY	66,027	10,937	0	116,376	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,629	8,741	0	41,134	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,095,110	0	333,845	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,218,787	0	424,715	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	145,470	5,665,087	426,288	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	CLINICAL PSYCH	71	0	0	6,331	0	90.01
90.02	09002	OP INSTITUTES	62,415	26,855	0	83,527	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	12,730	106	0	1,889	0	90.04
90.05	09005	PAIN MANAGEMENT	27,188	6,105	0	22,795	0	90.05
91.00	09100	EMERGENCY	293,663	89,492	0	315,881	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,808,186	6,890,476	9,225,133	5,111,308	152,868	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,808,186	6,890,476	9,225,133	5,111,308	152,868	202.00

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00	23.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00590	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03 00591	OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00 00600	MAINTENANCE & REPAIRS						6.00
6.01 00601	MOB I						6.01
6.02 00602	MOB II						6.02
6.03 00603	BETT MED PARK						6.03
6.04 00604	NW CLINICS						6.04
6.05 00605	CPMP I						6.05
6.06 00606	CPMP II						6.06
6.07 00607	BETT PLAZA						6.07
6.08 00608	HEART INSTITUTE						6.08
6.09 00609	53RD STREET						6.09
6.10 00610	ELDRI DGE						6.10
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
11.01 01101	EMPLOYEE CAFETERIA						11.01
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		4,506,488				22.00
23.00 02300	PARAMED PRGM - PASTORAL CARE			350,133			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	2,266,959	255,444	47,123,013	-2,266,959	30.00
31.00 03100	INTENSIVE CARE UNIT	0	156,308	28,342	8,734,847	-156,308	31.00
32.01 03201	NI CU	0	127,304	0	2,215,571	-127,304	32.01
40.00 04000	SUBPROVIDER - IPF	0	127,304	36,428	5,298,723	-127,304	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	29,919	4,022,937	0	41.00
43.00 04300	NURSERY	0	0	0	3,119,107	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	127,304	0	26,190,255	-127,304	50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	62,256	0	24,776,238	-62,256	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	21,766,365	0	55.00
57.00 05700	CT SCAN	0	0	0	2,456,056	0	57.00
58.00 05800	MRI	0	0	0	1,590,659	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	9,643,488	0	59.00
60.00 06000	LABORATORY	0	42,232	0	12,239,765	-42,232	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,083,397	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	4,352,471	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	20,333,765	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	5,821,257	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,680,441	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,198,068	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,802,881	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	72,572	0	25,275,651	-72,572	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01 09001	CLINICAL PSYCH	0	0	0	299,384	0	90.01
90.02 09002	OP INSTITUTES	0	0	0	3,655,446	0	90.02
90.03 09003	MARC	0	0	0	0	0	90.03
90.04 09004	BARIATRIC CLINIC	0	0	0	575,003	0	90.04
90.05 09005	PAIN MANAGEMENT	0	0	0	1,281,972	0	90.05
91.00 09100	EMERGENCY	0	284,947	0	12,098,328	-284,947	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,267,186	350,133	302,635,088	-3,267,186	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00	23.00					
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	18,231	0	190.00
190.01	19001	AUXILIARY	0	0	0	352,744	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	225,874	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	393,343	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,239,302	0	1,239,302	-1,239,302	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	5,958,998	0	192.01
192.02	19202	FOUNDATION	0	0	0	21,833	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	58,969	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	4,734,596	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	121,291	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	809,268	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	263	0	192.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	4,506,488	350,133	316,569,800	-4,506,488	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:  
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590 OTHER ADMINISTRATIVE AND GENERAL		5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL		5.02
5.03	00591 OTHER ADMINISTRATIVE AND GENERAL SBS		5.03
6.00	00600 MAINTENANCE & REPAIRS		6.00
6.01	00601 MOB I		6.01
6.02	00602 MOB II		6.02
6.03	00603 BETT MED PARK		6.03
6.04	00604 NW CLINICS		6.04
6.05	00605 CPMP I		6.05
6.06	00606 CPMP II		6.06
6.07	00607 BETT PLAZA		6.07
6.08	00608 HEART INSTITUTE		6.08
6.09	00609 53RD STREET		6.09
6.10	00610 ELDRI DGE		6.10
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
11.01	01101 EMPLOYEE CAFETERIA		11.01
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM - PASTORAL CARE		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	44,856,054	30.00
31.00	03100 INTENSIVE CARE UNIT	8,578,539	31.00
32.01	03201 NICU	2,088,267	32.01
40.00	04000 SUBPROVIDER - IPF	5,171,419	40.00
41.00	04100 SUBPROVIDER - IRF	4,022,937	41.00
43.00	04300 NURSERY	3,119,107	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	26,062,951	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,713,982	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	21,766,365	55.00
57.00	05700 CT SCAN	2,456,056	57.00
58.00	05800 MRI	1,590,659	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,643,488	59.00
60.00	06000 LABORATORY	12,197,533	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,083,397	63.00
65.00	06500 RESPIRATORY THERAPY	4,352,471	65.00
66.00	06600 PHYSICAL THERAPY	20,333,765	66.00
69.00	06900 ELECTROCARDIOLOGY	5,821,257	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,680,441	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,198,068	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	33,802,881	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,203,079	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.01	09001 CLINICAL PSYCH	299,384	90.01
90.02	09002 OP INSTITUTES	3,655,446	90.02
90.03	09003 MARC	0	90.03
90.04	09004 BARIATRIC CLINIC	575,003	90.04
90.05	09005 PAIN MANAGEMENT	1,281,972	90.05
91.00	09100 EMERGENCY	11,813,381	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	299,367,902	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,231	190.00
190.01	19001 AUXILIARY	352,744	190.01
190.02	19002 FIRST MED CLINICS	225,874	190.02
190.03	19003 EAP	0	190.03
191.00	19100 RESEARCH	393,343	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
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Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	5,958,998	192.01
192.02	19202	FOUNDATION	21,833	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	58,969	192.03
192.04	19204	OUTREACH PROGRAMS	4,734,596	192.04
192.05	19205	PHASE III REHAB	121,291	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	809,268	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	263	192.08
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	312,063,312	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 16-0033		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 2:06 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	32,101	1,851	33,952	33,952	4.00	
5.01 00590	OTHER ADMINISTRATIVE AND GENERAL	309,912	998,557	508,673	1,817,142	893	5.01	
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	39,341	152,531	66,737	258,609	415	5.02	
5.03 00591	OTHER ADMINISTRATIVE AND GENERAL SBS	0	0	0	0	0	5.03	
6.00 00600	MAINTENANCE & REPAIRS	115,447	956,709	264,570	1,336,726	644	6.00	
6.01 00601	MOB I	686,253	0	0	686,253	0	6.01	
6.02 00602	MOB II	804,076	0	0	804,076	0	6.02	
6.03 00603	BETT MED PARK	697,903	0	0	697,903	0	6.03	
6.04 00604	NW CLINICS	320,094	0	0	320,094	0	6.04	
6.05 00605	CPMP I	688,032	0	0	688,032	0	6.05	
6.06 00606	CPMP II	772,049	0	0	772,049	0	6.06	
6.07 00607	BETT PLAZA	926,704	0	0	926,704	0	6.07	
6.08 00608	HEART INSTITUTE	1,440,100	0	0	1,440,100	0	6.08	
6.09 00609	53RD STREET	249,045	0	0	249,045	0	6.09	
6.10 00610	ELDRIDGE	174,814	0	0	174,814	0	6.10	
7.00 00700	OPERATION OF PLANT	0	0	0	0	0	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	0	30,375	405	30,780	24	8.00	
9.00 00900	HOUSEKEEPING	15,118	61,017	310,317	386,452	0	9.00	
10.00 01000	DIETARY	30,682	152,130	27,652	210,464	0	10.00	
11.00 01100	CAFETERIA	0	82,692	0	82,692	0	11.00	
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01	
13.00 01300	NURSING ADMINISTRATION	42,096	41,146	29,733	112,975	560	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	28,292	242,374	636,791	907,457	189	14.00	
15.00 01500	PHARMACY	52,641	112,911	234,216	399,768	2,026	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	0	81,500	0	81,500	0	16.00	
17.00 01700	SOCIAL SERVICE	0	31,923	0	31,923	0	17.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	194,322	0	194,322	397	22.00	
23.00 02300	PARAMED ED PRGM - PASTORAL CARE	0	7,641	0	7,641	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 03000	ADULTS & PEDIATRICS	258,467	1,427,501	148,679	1,834,647	7,648	30.00	
31.00 03100	INTENSIVE CARE UNIT	56,439	36,946	327,060	420,445	1,573	31.00	
32.01 03201	NICU	6,186	27,267	48,722	82,175	417	32.01	
40.00 04000	SUBPROVIDER - I PF	27,037	221,044	17,070	265,151	905	40.00	
41.00 04100	SUBPROVIDER - I RF	25,098	204,202	6,839	236,139	663	41.00	
43.00 04300	NURSERY	0	0	0	0	708	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 05000	OPERATING ROOM	834,582	566,482	1,526,810	2,927,874	2,653	50.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	72,085	479,056	457,402	1,008,543	1,728	54.00	
55.00 05500	RADIOLOGY-THERAPEUTIC	669,692	20,083	385,233	1,075,008	1,095	55.00	
57.00 05700	CT SCAN	991	19,047	171,577	191,615	236	57.00	
58.00 05800	MRI	1,821	28,537	239,683	270,041	102	58.00	
59.00 05900	CARDIAC CATHETERIZATION	172,352	120,630	1,175,756	1,468,738	874	59.00	
60.00 06000	LABORATORY	11,199	189,845	264,730	465,774	1,187	60.00	
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	3,765	2,667	6,432	0	63.00	
65.00 06500	RESPIRATORY THERAPY	182,945	52,106	57,002	292,053	775	65.00	
66.00 06600	PHYSICAL THERAPY	1,174,098	700,312	153,436	2,027,846	3,933	66.00	
69.00 06900	ELECTROCARDIOLOGY	567,273	83,450	169,781	820,504	931	69.00	
70.00 07000	ELECTROENCEPHALOGRAPHY	16,359	58,254	84,678	159,291	260	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,799	0	8,799	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	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01 09001	CLINICAL PSYCH	930	0	0	930	74	90.01	
90.02 09002	OP INSTITUTES	234,573	43,217	29,837	307,627	453	90.02	
90.03 09003	MARC	0	0	0	0	0	90.03	
90.04 09004	BARiatric CLINIC	94,953	18,434	10,104	123,491	112	90.04	
90.05 09005	PAIN MANAGEMENT	170,619	0	40,649	211,268	243	90.05	
91.00 09100	EMERGENCY	54,635	224,965	86,437	366,037	2,115	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,024,933	7,711,871	7,485,097	27,221,901	33,833	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,863	0	2,863	2	190.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

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Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
190.01 19001 AUXILIARY	5,126	61,429	2,499	69,054		0 190.01
190.02 19002 FIRST MED CLINICS	0	0	0	0		0 190.02
190.03 19003 EAP	0	0	0	0		0 190.03
191.00 19100 RESEARCH	0	1,114	1,064	2,178		90 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0 192.00
192.01 19201 NON REIMBURSEABLE COST	400	116,253	0	116,653		11 192.01
192.02 19202 FOUNDATION	0	4,745	1,251	5,996		0 192.02
192.03 19203 BIO MED SERVICES - OUTREACH	5,990	0	0	5,990		16 192.03
192.04 19204 OUTREACH PROGRAMS	63,864	58,945	0	122,809		0 192.04
192.05 19205 PHASE III REHAB	0	27,590	2,538	30,128		0 192.05
192.06 19206 AFFILIATES	0	0	0	0		0 192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	0	0		0 192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	0	0	220	220		0 192.08
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	12,100,313	7,984,810	7,492,669	27,577,792		33,952 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 16-0033			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 2:06 pm	
Cost Center Description		OTHER ADMINI STRATI VE AND GENERAL	OTHER ADMINI STRATI VE AND GENERAL	OTHER ADMINI STRATI VE AND GENERAL SBS	MAINTENANCE & REPAIRS	MOB I		
		5.01	5.02	5.03	6.00	6.01		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	OTHER ADMINI STRATI VE AND GENERAL	1,818,035					5.01
5.02	00560	OTHER ADMINI STRATI VE AND GENERAL	1,818,035	2,077,059				5.02
5.03	00591	OTHER ADMINI STRATI VE AND GENERAL SBS	0	57,491	57,491			5.03
6.00	00600	MAINTENANCE & REPAIRS	0	69,745	0	1,407,115		6.00
6.01	00601	MOB I	0	4,494	0	0	690,747	6.01
6.02	00602	MOB II	0	5,447	0	0	0	6.02
6.03	00603	BETT MED PARK	0	4,608	0	0	0	6.03
6.04	00604	NW CLINICS	0	2,027	0	0	0	6.04
6.05	00605	CPMP I	0	3,774	0	0	0	6.05
6.06	00606	CPMP II	0	4,970	0	0	0	6.06
6.07	00607	BETT PLAZA	0	5,784	0	0	0	6.07
6.08	00608	HEART INSTI TUTE	0	9,682	0	0	0	6.08
6.09	00609	53RD STREET	0	1,425	0	0	0	6.09
6.10	00610	ELDRI DGE	0	1,093	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	17,453	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,436	0	7,312	0	8.00
9.00	00900	HOUSEKEEPING	0	34,007	0	14,689	14,233	9.00
10.00	01000	DI ETARY	0	19,815	0	36,624	0	10.00
11.00	01100	CAFETERIA	0	648	0	19,908	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSI NG ADMINI STRATI ON	0	17,030	0	9,905	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	39,680	0	58,350	0	14.00
15.00	01500	PHARMACY	0	56,908	0	27,182	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	31,540	0	19,621	0	16.00
17.00	01700	SOCI AL SERVICE	0	250	0	7,685	4,310	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	25,318	0	46,782	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	2,130	0	1,840	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDI ATRI CS	0	231,329	4,450	343,660	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	50,712	1,005	8,895	0	31.00
32.01	03201	NI CU	0	11,947	240	6,564	0	32.01
40.00	04000	SUBPROVIDER - I PF	0	28,215	462	53,214	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	21,003	363	49,160	0	41.00
43.00	04300	NURSERY	0	20,212	163	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATI NG ROOM	0	140,405	5,578	136,376	0	50.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	0	141,949	4,745	115,329	0	54.00
55.00	05500	RADI OLOGY-THERAPEUTI C	0	111,383	3,149	4,835	61,117	55.00
57.00	05700	CT SCAN	0	11,137	2,691	4,585	0	57.00
58.00	05800	MRI	0	8,412	843	6,870	0	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	0	49,349	5,893	29,041	0	59.00
60.00	06000	LABORATORY	0	68,672	3,813	45,704	0	60.00
63.00	06300	BLOOD STORI NG, PROCESSI NG & TRANS.	0	13,304	181	906	0	63.00
65.00	06500	RESPI RATORY THERAPY	0	24,211	1,506	12,544	0	65.00
66.00	06600	PHYSI CAL THERAPY	0	110,824	2,412	168,594	2,340	66.00
69.00	06900	ELECTROCARDI OLOGY	0	29,181	1,313	20,090	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,696	464	14,024	0	70.00
71.00	07100	MEDICAL SUPPLI ES CHARGED TO PATI ENT	0	125,782	3,766	2,118	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATI ENTS	0	193,136	4,791	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	119,666	4,809	0	0	73.00
74.00	07400	RENAL DI ALYSI S	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	CLI NI CAL PSYCH	0	1,819	71	0	0	90.01
90.02	09002	OP INSTI TUTES	0	20,131	942	10,404	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARI ATRI C CLI NI C	0	3,159	21	4,438	0	90.04
90.05	09005	PAI N MANAGEMENT	0	6,985	257	0	0	90.05
91.00	09100	EMERGENCY	0	62,597	3,563	54,158	0	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVI CES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,818,035	2,031,971	57,491	1,341,407	82,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	76	0	689	0	190.00
190.01	19001	AUXI LLARY	0	1,398	0	14,789	0	190.01
190.02	19002	FIR ST MED CLI NI CS	0	0	0	0	0	190.02

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			ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE AND GENERAL SBS			
			5.01	5.02	5.03	6.00	6.01	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	2,512	0	268	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	5,970	0	27,987	481,551	192.01
192.02	19202	FOUNDATION	0	72	0	1,142	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	29,363	0	14,191	127,196	192.04
192.05	19205	PHASE III REHAB	0	384	0	6,642	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	5,311	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	2	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,818,035	2,077,059	57,491	1,407,115	690,747	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 16-0033			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 2:06 pm	
Cost Center Description		MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II		
		6.02	6.03	6.04	6.05	6.06		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100							1.00
2.00	00200							2.00
4.00	00400							4.00
5.01	00590							5.01
5.02	00560							5.02
5.03	00591							5.03
6.00	00600							6.00
6.01	00601							6.01
6.02	00602	809,523						6.02
6.03	00603		702,511					6.03
6.04	00604			322,121				6.04
6.05	00605				691,806			6.05
6.06	00606					777,019		6.06
6.07	00607							6.07
6.08	00608							6.08
6.09	00609							6.09
6.10	00610							6.10
7.00	00700							7.00
8.00	00800							8.00
9.00	00900	4,163	796		660			9.00
10.00	01000				17,579			10.00
11.00	01100							11.00
11.01	01101							11.01
13.00	01300	1,618			1,940			13.00
14.00	01400							14.00
15.00	01500							15.00
16.00	01600							16.00
17.00	01700						4,013	17.00
21.00	02100							21.00
22.00	02200							22.00
23.00	02300							23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	1,618						30.00
31.00	03100							31.00
32.01	03201							32.01
40.00	04000							40.00
41.00	04100							41.00
43.00	04300							43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000				227,841			50.00
54.00	05400							54.00
55.00	05500	1,047			165,418	21,161		55.00
57.00	05700							57.00
58.00	05800							58.00
59.00	05900							59.00
60.00	06000							60.00
63.00	06300							63.00
65.00	06500							65.00
66.00	06600							66.00
69.00	06900							69.00
70.00	07000							70.00
71.00	07100							71.00
72.00	07200							72.00
73.00	07300							73.00
74.00	07400							74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001							90.01
90.02	09002				1,899	27,280		90.02
90.03	09003							90.03
90.04	09004							90.04
90.05	09005							90.05
91.00	09100							91.00
92.00	09200							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500							95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		8,446	796		415,337	52,454		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000							190.00
190.01	19001							190.01
190.02	19002		103,618	127,525				190.02
190.03	19003							190.03
191.00	19100							191.00
192.00	19200							192.00

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Cost Center Description			MOB I I	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	801,077	598,097	194,596	276,469	724,565	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	809,523	702,511	322,121	691,806	777,019	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 16-0033		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 2:06 pm	
Cost Center Description		BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
		6.07	6.08	6.09	6.10	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA	932,488				6.07
6.08	00608	HEART INSTITUTE	0	1,449,782			6.08
6.09	00609	53RD STREET	0	0	250,470		6.09
6.10	00610	ELDRIDGE	0	0	0	175,907	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	17,453
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	91
9.00	00900	HOUSEKEEPING	0	0	0	0	182
10.00	01000	DIETARY	0	0	0	0	454
11.00	01100	CAFETERIA	0	0	0	0	247
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	123
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	724
15.00	01500	PHARMACY	0	0	0	0	337
16.00	01600	MEDICAL RECORDS & LIBRARY	34,937	0	0	0	243
17.00	01700	SOCIAL SERVICE	0	0	0	0	95
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	580
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	23
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	4,265
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	110
32.01	03201	NICU	0	0	0	0	81
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	660
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	610
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	1,692
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,290	0	0	0	1,430
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	60
57.00	05700	CT SCAN	0	0	0	0	57
58.00	05800	MRI	0	0	0	0	85
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	360
60.00	06000	LABORATORY	0	0	0	0	567
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	11
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	156
66.00	06600	PHYSICAL THERAPY	175,115	0	0	0	2,091
69.00	06900	ELECTROCARDIOLOGY	0	602,176	0	0	249
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	174
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	26
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	CLINICAL PSYCH	0	0	0	0	0
90.02	09002	OP INSTITUTES	50,749	0	0	0	129
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARITRIC CLINIC	0	0	0	0	55
90.05	09005	PAIN MANAGEMENT	103,113	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	672
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	383,204	602,176	0	0	16,639
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	9
190.01	19001	AUXILIARY	0	0	0	0	183
190.02	19002	FIRST MED CLINICS	0	0	0	0	0
190.03	19003	EAP	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	3

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Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	549,284	847,606	250,470	175,907	347	192.01
192.02	19202	FOUNDATION	0	0	0	0	14	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	176	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	82	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	932,488	1,449,782	250,470	175,907	17,453	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 16-0033		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 2:06 pm	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	40,643					8.00
9.00	00900	HOUSEKEEPING	0	455,182				9.00
10.00	01000	DIETARY	0	13,785	298,721			10.00
11.00	01100	CAFETERIA	0	7,493	237,020	348,008		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	348,008	348,008	11.01
13.00	01300	NURSING ADMINISTRATION	0	3,728	0	0	7,914	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,963	0	0	3,839	14.00
15.00	01500	PHARMACY	0	10,232	0	0	15,762	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,385	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,893	0	0	5	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	17,609	0	0	0	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	692	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	17,873	129,357	55,585	0	96,235	30.00
31.00	03100	INTENSIVE CARE UNIT	2,165	3,348	6,116	0	15,035	31.00
32.01	03201	NICU	167	2,471	0	0	3,969	32.01
40.00	04000	SUBPROVIDER - IPF	813	0	0	0	10,743	40.00
41.00	04100	SUBPROVIDER - IRF	1,333	0	0	0	8,308	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,047	49,108	0	0	27,189	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,314	43,318	0	0	21,204	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	772	3,349	0	0	10,365	55.00
57.00	05700	CT SCAN	499	1,726	0	0	2,514	57.00
58.00	05800	MRI	0	2,586	0	0	1,064	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,073	10,931	0	0	9,033	59.00
60.00	06000	LABORATORY	0	17,140	0	0	17,834	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	341	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,676	0	0	9,588	65.00
66.00	06600	PHYSICAL THERAPY	63	62,018	0	0	39,336	66.00
69.00	06900	ELECTROCARDIOLOGY	64	7,531	0	0	9,836	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	628	5,279	0	0	3,185	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	797	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	CLINICAL PSYCH	0	0	0	0	538	90.01
90.02	09002	OP INSTITUTES	180	3,916	0	0	5,412	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	0	1,670	0	0	1,553	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	2,728	90.05
91.00	09100	EMERGENCY	6,652	19,840	0	0	23,782	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,643	455,182	298,721	348,008	346,971	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	17	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	877	191.00

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To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/27/2017 2:06 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	143	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	40,643	455,182	298,721	348,008	348,008	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 16-0033		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 2:06 pm	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	155,793					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,032,202				14.00
15.00	01500	PHARMACY	0	4,816	517,031			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	175,226		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	51,174	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	79,587	36,270	0	13,516	36,138	30.00
31.00	03100	INTENSIVE CARE UNIT	6,530	14,092	0	3,052	4,010	31.00
32.01	03201	NICU	3,806	1,123	0	728	1,639	32.01
40.00	04000	SUBPROVIDER - I PF	5,401	282	0	1,403	5,154	40.00
41.00	04100	SUBPROVIDER - I RF	7,063	1,588	0	1,101	4,233	41.00
43.00	04300	NURSERY	0	0	0	494	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	19,173	91,626	0	16,941	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,451	12,036	0	14,412	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,892	2,312	199,530	9,562	0	55.00
57.00	05700	CT SCAN	2	2,925	0	8,172	0	57.00
58.00	05800	MRI	0	160	0	2,560	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,993	14,478	0	18,518	0	59.00
60.00	06000	LABORATORY	0	2,914	0	11,582	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	549	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,921	0	4,575	0	65.00
66.00	06600	PHYSICAL THERAPY	2	2,536	0	7,326	0	66.00
69.00	06900	ELECTROCARDIOLOGY	3,663	1,638	0	3,987	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	257	1,309	0	1,409	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	313,855	0	11,437	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	482,169	0	14,551	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,792	317,501	14,604	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	CLINICAL PSYCH	4	0	0	217	0	90.01
90.02	09002	OP INSTITUTES	3,463	4,023	0	2,862	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	706	16	0	65	0	90.04
90.05	09005	PAIN MANAGEMENT	1,508	915	0	781	0	90.05
91.00	09100	EMERGENCY	16,292	13,406	0	10,822	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	155,793	1,032,202	517,031	175,226	51,174	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/27/2017 2:06 pm

Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE		
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY			
			13.00	14.00	15.00	16.00	17.00		
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	155,793	1,032,202	517,031	175,226	51,174	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00590	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03 00591	OTHER ADMINISTRATIVE AND GENERAL SBS					5.03
6.00 00600	MAINTENANCE & REPAIRS					6.00
6.01 00601	MOB I					6.01
6.02 00602	MOB II					6.02
6.03 00603	BETT MED PARK					6.03
6.04 00604	NW CLINICS					6.04
6.05 00605	CPMP I					6.05
6.06 00606	CPMP II					6.06
6.07 00607	BETT PLAZA					6.07
6.08 00608	HEART INSTITUTE					6.08
6.09 00609	53RD STREET					6.09
6.10 00610	ELDRI DGE					6.10
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
11.01 01101	EMPLOYEE CAFETERIA					11.01
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		285,008			22.00
23.00 02300	PARAMED PRGM - PASTORAL CARE			12,326		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS				2,892,178	0 30.00
31.00 03100	INTENSIVE CARE UNIT				537,088	0 31.00
32.01 03201	NI CU				115,327	0 32.01
40.00 04000	SUBPROVIDER - IPF				372,403	0 40.00
41.00 04100	SUBPROVIDER - IRF				331,564	0 41.00
43.00 04300	NURSERY				21,577	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM				3,652,503	0 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				1,387,749	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				1,673,055	0 55.00
57.00 05700	CT SCAN				226,159	0 57.00
58.00 05800	MRI				292,723	0 58.00
59.00 05900	CARDIAC CATHETERIZATION				1,612,281	0 59.00
60.00 06000	LABORATORY				635,187	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				21,724	0 63.00
65.00 06500	RESPIRATORY THERAPY				356,005	0 65.00
66.00 06600	PHYSICAL THERAPY				2,604,436	0 66.00
69.00 06900	ELECTROCARDIOLOGY				1,501,163	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				194,976	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				466,580	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				694,647	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				478,372	0 73.00
74.00 07400	RENAL DIALYSIS				0	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001	CLINICAL PSYCH				3,653	0 90.01
90.02 09002	OP INSTITUTES				439,470	0 90.02
90.03 09003	MARC				0	0 90.03
90.04 09004	BARIATRIC CLINIC				135,286	0 90.04
90.05 09005	PAIN MANAGEMENT				327,798	0 90.05
91.00 09100	EMERGENCY				579,936	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES				0	0 95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	21,553,840	0 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			3,656	0
190.01	19001	AUXILIARY			85,424	0
190.02	19002	FIRST MED CLINICS			231,143	0
190.03	19003	EAP			0	0
191.00	19100	RESEARCH			5,928	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0
192.01	19201	NON REIMBURSEABLE COST			5,050,590	0
192.02	19202	FOUNDATION			7,224	0
192.03	19203	BIO MED SERVICES - OUTREACH			6,149	0
192.04	19204	OUTREACH PROGRAMS			293,735	0
192.05	19205	PHASE III REHAB			37,236	0
192.06	19206	AFFILIATES			0	0
192.07	19207	NON-ALLOWABLE MEALS			5,311	0
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH			222	0
200.00		Cross Foot Adjustments	0	285,008	12,326	297,334
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	285,008	12,326	27,577,792

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/27/2017 2:06 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590 OTHER ADMINISTRATIVE AND GENERAL		5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL		5.02
5.03	00591 OTHER ADMINISTRATIVE AND GENERAL SBS		5.03
6.00	00600 MAINTENANCE & REPAIRS		6.00
6.01	00601 MOB I		6.01
6.02	00602 MOB II		6.02
6.03	00603 BETT MED PARK		6.03
6.04	00604 NW CLINICS		6.04
6.05	00605 CPMP I		6.05
6.06	00606 CPMP II		6.06
6.07	00607 BETT PLAZA		6.07
6.08	00608 HEART INSTITUTE		6.08
6.09	00609 53RD STREET		6.09
6.10	00610 ELDRI DGE		6.10
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
11.01	01101 EMPLOYEE CAFETERIA		11.01
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM - PASTORAL CARE		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	2,892,178	30.00
31.00	03100 INTENSIVE CARE UNIT	537,088	31.00
32.01	03201 NICU	115,327	32.01
40.00	04000 SUBPROVIDER - IPF	372,403	40.00
41.00	04100 SUBPROVIDER - IRF	331,564	41.00
43.00	04300 NURSERY	21,577	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	3,652,503	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,387,749	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,673,055	55.00
57.00	05700 CT SCAN	226,159	57.00
58.00	05800 MRI	292,723	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,612,281	59.00
60.00	06000 LABORATORY	635,187	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	21,724	63.00
65.00	06500 RESPIRATORY THERAPY	356,005	65.00
66.00	06600 PHYSICAL THERAPY	2,604,436	66.00
69.00	06900 ELECTROCARDIOLOGY	1,501,163	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	194,976	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	466,580	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	694,647	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	478,372	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.01	09001 CLINICAL PSYCH	3,653	90.01
90.02	09002 OP INSTITUTES	439,470	90.02
90.03	09003 MARC	0	90.03
90.04	09004 BARIATRIC CLINIC	135,286	90.04
90.05	09005 PAIN MANAGEMENT	327,798	90.05
91.00	09100 EMERGENCY	579,936	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	21,553,840	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,656	190.00
190.01	19001 AUXILIARY	85,424	190.01
190.02	19002 FIRST MED CLINICS	231,143	190.02
190.03	19003 EAP	0	190.03
191.00	19100 RESEARCH	5,928	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	5,050,590	192.01
192.02	19202	FOUNDATION	7,224	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	6,149	192.03
192.04	19204	OUTREACH PROGRAMS	293,735	192.04
192.05	19205	PHASE III REHAB	37,236	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	5,311	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	222	192.08
200.00		Cross Foot Adjustments	297,334	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	27,577,792	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1  
Date/Time Prepared:  
11/27/2017 2:06 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	OTHER ADMINISTRATIVE AND GENERAL (TOTAL COST)	Reconciliation		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 CAP REL COSTS-BLDG & FIXT	716,865					1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		6,565,081				2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,882	1,622	92,942,696			4.00	
5.01 00590 OTHER ADMINISTRATIVE AND GENERAL	89,649	445,700	2,446,783	100		5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL	13,694	58,475	1,135,866	100	-51,483,315	5.02	
5.03 00591 OTHER ADMINISTRATIVE AND GENERAL SBS	0	0	0	0	0	5.03	
6.00 00600 MAINTENANCE & REPAIRS	85,892	231,816	1,764,656	0	0	6.00	
6.01 00601 MOB I	0	0	0	0	0	6.01	
6.02 00602 MOB II	0	0	0	0	0	6.02	
6.03 00603 BETT MED PARK	0	0	0	0	0	6.03	
6.04 00604 NW CLINICS	0	0	0	0	0	6.04	
6.05 00605 CPMP I	0	0	0	0	0	6.05	
6.06 00606 CPMP II	0	0	0	0	0	6.06	
6.07 00607 BETT PLAZA	0	0	0	0	0	6.07	
6.08 00608 HEART INSTITUTE	0	0	0	0	0	6.08	
6.09 00609 53RD STREET	0	0	0	0	0	6.09	
6.10 00610 ELDRI DGE	0	0	0	0	0	6.10	
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	2,727	355	65,382	0	0	8.00	
9.00 00900 HOUSEKEEPING	5,478	271,900	0	0	0	9.00	
10.00 01000 DIETARY	13,658	24,229	0	0	0	10.00	
11.00 01100 CAFETERIA	7,424	0	0	0	0	11.00	
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01	
13.00 01300 NURSING ADMINISTRATION	3,694	26,052	1,535,207	0	0	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	21,760	557,957	518,748	0	0	14.00	
15.00 01500 PHARMACY	10,137	205,220	5,550,601	0	0	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	7,317	0	0	0	0	16.00	
17.00 01700 SOCIAL SERVICE	2,866	0	0	0	0	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	17,446	0	1,087,818	0	0	22.00	
23.00 02300 PARAMED ED PRGM - PASTORAL CARE	686	0	0	0	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	128,159	130,273	20,878,610	0	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	3,317	286,570	4,309,611	0	0	31.00	
32.01 03201 NICU	2,448	42,690	1,141,897	0	0	32.01	
40.00 04000 SUBPROVIDER - I PF	19,845	14,957	2,479,398	0	0	40.00	
41.00 04100 SUBPROVIDER - I RF	18,333	5,992	1,815,385	0	0	41.00	
43.00 04300 NURSERY	0	0	1,938,559	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	50,858	1,337,791	7,268,291	0	0	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	43,009	400,776	4,733,759	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	1,803	337,541	3,000,791	0	0	55.00	
57.00 05700 CT SCAN	1,710	150,336	645,467	0	0	57.00	
58.00 05800 MRI	2,562	210,010	280,802	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	10,830	1,030,198	2,394,424	0	0	59.00	
60.00 06000 LABORATORY	17,044	231,957	3,252,874	0	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	338	2,337	0	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	4,678	49,945	2,123,633	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	62,873	134,441	10,775,611	0	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	7,492	148,762	2,550,490	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	5,230	74,195	713,327	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	790	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01 09001 CLINICAL PSYCH	0	0	201,932	0	0	90.01	
90.02 09002 OP INSTITUTES	3,880	26,143	1,242,105	0	0	90.02	
90.03 09003 MARC	0	0	0	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	1,655	8,853	305,955	0	0	90.04	
90.05 09005 PAIN MANAGEMENT	0	35,617	664,546	0	0	90.05	
91.00 09100 EMERGENCY	20,197	75,736	5,794,333	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	692,361	6,558,446	92,616,861	100	-51,483,315	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	OTHER ADMINISTRATIVE AND GENERAL (TOTAL COST)	Reconciliation		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	257	0	4,313	0	190.00
190.01	19001	AUXILIARY	5,515	2,190	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	190.03
191.00	19100	RESEARCH	100	932	247,768	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	10,437	0	29,605	0	192.01
192.02	19202	FOUNDATION	426	1,096	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	44,149	0	-57,664 192.03
192.04	19204	OUTREACH PROGRAMS	5,292	0	0	0	192.04
192.05	19205	PHASE III REHAB	2,477	2,224	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	193	0	0	192.08
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,984,810	7,492,669	5,473,394	23,323,935	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.138513	1.141291	0.058890	233,239.350000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			33,952	1,818,035	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000365	18,180.350000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:  
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To 06/30/2017

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL SBS (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
		5.02	5.03	6.00	6.01	6.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560	265,028,821					5.02
5.03	00591	7,335,816	1,067,741,287				5.03
6.00	00600	8,899,489		524,748			6.00
6.01	00601	573,422			39,263		6.01
6.02	00602	695,093				34,028	6.02
6.03	00603	587,984					6.03
6.04	00604	258,677					6.04
6.05	00605	481,549					6.05
6.06	00606	634,162					6.06
6.07	00607	738,079					6.07
6.08	00608	1,235,452					6.08
6.09	00609	181,837					6.09
6.10	00610	139,472					6.10
7.00	00700	2,226,977					7.00
8.00	00800	310,843		2,727			8.00
9.00	00900	4,339,231		5,478	809	175	9.00
10.00	01000	2,528,352		13,658			10.00
11.00	01100	82,692		7,424			11.00
11.01	01101	0		0			11.01
13.00	01300	2,173,068		3,694		68	13.00
14.00	01400	5,063,099		21,760			14.00
15.00	01500	7,261,423		10,137			15.00
16.00	01600	4,024,554		7,317			16.00
17.00	01700	31,923		2,866	245		17.00
21.00	02100	0		0			21.00
22.00	02200	3,230,556		17,446			22.00
23.00	02300	271,833		686			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	29,514,071	82,416,044	128,159		68	30.00
31.00	03100	6,470,817	18,611,837	3,317			31.00
32.01	03201	1,524,397	4,436,314	2,448			32.01
40.00	04000	3,600,213	8,553,503	19,845			40.00
41.00	04100	2,679,938	6,714,404	18,333			41.00
43.00	04300	2,579,003	3,010,817	0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	17,915,678	103,299,201	50,858			50.00
54.00	05400	18,112,616	87,877,573	43,009			54.00
55.00	05500	14,212,433	58,305,684	1,803	3,474	44	55.00
57.00	05700	1,421,071	49,830,906	1,710			57.00
58.00	05800	1,073,344	15,608,685	2,562			58.00
59.00	05900	6,296,960	112,212,386	10,830			59.00
60.00	06000	8,762,521	70,619,121	17,044			60.00
63.00	06300	1,697,599	3,345,678	338			63.00
65.00	06500	3,089,335	27,895,382	4,678			65.00
66.00	06600	14,141,167	44,671,540	62,873	133		66.00
69.00	06900	3,723,510	24,310,757	7,492			69.00
70.00	07000	1,109,566	8,592,855	5,230			70.00
71.00	07100	16,049,773	69,739,831	790			71.00
72.00	07200	24,644,138	88,722,637	0			72.00
73.00	07300	15,269,397	89,051,247	0			73.00
74.00	07400	0	0	0			74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	232,114	1,322,551	0			90.01
90.02	09002	2,568,678	17,448,667	3,880			90.02
90.03	09003	0	0	0			90.03
90.04	09004	403,027	394,627	1,655			90.04
90.05	09005	891,245	4,761,861	0			90.05
91.00	09100	7,987,391	65,987,179	20,197			91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0			95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		259,275,585	1,067,741,287	500,244	4,661	355	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	9,685	0	257			190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL SBS (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
		5.02	5.03	6.00	6.01	6.02	
190.01	19001 AUXILIARY	178,430	0	5,515	0	0	190.01
190.02	19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003 EAP	0	0	0	0	0	190.03
191.00	19100 RESEARCH	320,518	0	100	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 NON REIMBURSEABLE COST	761,785	0	10,437	27,372	33,673	192.01
192.02	19202 FOUNDATION	9,249	0	426	0	0	192.02
192.03	19203 BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204 OUTREACH PROGRAMS	3,746,674	0	5,292	7,230	0	192.04
192.05	19205 PHASE III REHAB	49,041	0	2,477	0	0	192.05
192.06	19206 AFFILIATES	0	0	0	0	0	192.06
192.07	19207 NON-ALLOWABLE MEALS	677,634	0	0	0	0	192.07
192.08	19208 ENVIRONMENTAL SVCS - OUTREACH	220	0	0	0	0	192.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	51,483,315	8,760,842	10,628,268	684,813	830,119	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.194256	0.008205	20.254042	17.441688	24.395175	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,077,059	57,491	1,407,115	690,747	809,523	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.007837	0.000054	2.681506	17.592823	23.789908	205.00

COST ALLOCATION - STATISTICAL BASIS

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To 06/30/2017

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Cost Center Description		BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
		6.03	6.04	6.05	6.06	6.07	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603	22,943					6.03
6.04	00604	0	10,225				6.04
6.05	00605	0	0	51,357			6.05
6.06	00606	0	0	0	46,854		6.06
6.07	00607	0	0	0	0	56,557	6.07
6.08	00608	0	0	0	0	0	6.08
6.09	00609	0	0	0	0	0	6.09
6.10	00610	0	0	0	0	0	6.10
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	26	0	49	0	0	9.00
10.00	01000	0	0	1,305	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	0	0	144	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	2,119	16.00
17.00	01700	0	0	0	242	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
32.01	03201	0	0	0	0	0	32.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	16,914	0	0	50.00
54.00	05400	0	0	0	0	1,170	54.00
55.00	05500	0	0	12,280	1,276	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	10,621	66.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	141	1,645	3,078	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	0	0	0	0	6,254	90.05
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		26	0	30,833	3,163	23,242	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	3,384	4,048	0	0	0	190.02
190.03	19003	0	0	0	0	0	190.03
191.00	19100	0	0	0	0	0	191.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:  
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Cost Center Description		HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		6.08	6.09	6.10	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606						6.06
6.07	00607						6.07
6.08	00608	75,097					6.08
6.09	00609	0	13,636				6.09
6.10	00610	0	0	7,560			6.10
7.00	00700	0	0	0	524,748		7.00
8.00	00800	0	0	0	2,727	1,417,556	8.00
9.00	00900	0	0	0	5,478	0	9.00
10.00	01000	0	0	0	13,658	0	10.00
11.00	01100	0	0	0	7,424	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	0	0	0	3,694	0	13.00
14.00	01400	0	0	0	21,760	0	14.00
15.00	01500	0	0	0	10,137	0	15.00
16.00	01600	0	0	0	7,317	0	16.00
17.00	01700	0	0	0	2,866	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	17,446	0	22.00
23.00	02300	0	0	0	686	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	0	0	128,159	623,322	30.00
31.00	03100	0	0	0	3,317	75,522	31.00
32.01	03201	0	0	0	2,448	5,820	32.01
40.00	04000	0	0	0	19,845	28,370	40.00
41.00	04100	0	0	0	18,333	46,503	41.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	0	50,858	210,904	50.00
54.00	05400	0	0	0	43,009	80,703	54.00
55.00	05500	0	0	0	1,803	26,916	55.00
57.00	05700	0	0	0	1,710	17,412	57.00
58.00	05800	0	0	0	2,562	0	58.00
59.00	05900	0	0	0	10,830	37,414	59.00
60.00	06000	0	0	0	17,044	0	60.00
63.00	06300	0	0	0	338	0	63.00
65.00	06500	0	0	0	4,678	0	65.00
66.00	06600	0	0	0	62,873	2,206	66.00
69.00	06900	31,192	0	0	7,492	2,246	69.00
70.00	07000	0	0	0	5,230	21,908	70.00
71.00	07100	0	0	0	790	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	3,880	6,292	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	1,655	0	90.04
90.05	09005	0	0	0	0	0	90.05
91.00	09100	0	0	0	20,197	232,018	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		31,192	0	0	500,244	1,417,556	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	257	0	190.00
190.01	19001	0	0	0	5,515	0	190.01
190.02	19002	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			6.08	6.09	6.10	7.00	8.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	100	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	43,905	13,636	7,560	10,437	0	192.01
192.02	19202	FOUNDATION	0	0	0	426	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	5,292	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	2,477	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,475,446	217,160	166,565	2,659,581	440,280	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.647203	15.925491	22.032407	5.068301	0.310591	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,449,782	250,470	175,907	17,453	40,643	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	19.305458	18.368290	23.268122	0.033260	0.028671	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1  
Date/Time Prepared:  
11/27/2017 2:06 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION  (NURSING HOURS)	
		9.00	10.00	11.00	11.01	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606						6.06
6.07	00607						6.07
6.08	00608						6.08
6.09	00609						6.09
6.10	00610						6.10
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	450,972					10.00
11.00	01100	13,658	784,470				11.00
11.01	01101	7,424	622,437	622,437			11.01
11.01	01101	0	0	622,437	141,590		11.01
13.00	01300	3,694	0	0	3,220	1,270,442	13.00
14.00	01400	21,760	0	0	1,562	0	14.00
15.00	01500	10,137	0	0	6,413	0	15.00
16.00	01600	7,317	0	0	0	0	16.00
17.00	01700	2,866	0	0	2	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	17,446	0	0	0	0	22.00
23.00	02300	686	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	128,159	145,972	0	39,153	649,015	30.00
31.00	03100	3,317	16,061	0	6,117	53,248	31.00
32.01	03201	2,448	0	0	1,615	31,038	32.01
40.00	04000	0	0	0	4,371	44,047	40.00
41.00	04100	0	0	0	3,380	57,594	41.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	48,654	0	0	11,062	156,348	50.00
54.00	05400	42,917	0	0	8,627	11,832	54.00
55.00	05500	3,318	0	0	4,217	23,584	55.00
57.00	05700	1,710	0	0	1,023	15	57.00
58.00	05800	2,562	0	0	433	0	58.00
59.00	05900	10,830	0	0	3,675	32,558	59.00
60.00	06000	16,981	0	0	7,256	0	60.00
63.00	06300	338	0	0	0	0	63.00
65.00	06500	4,633	0	0	3,901	0	65.00
66.00	06600	61,444	0	0	16,004	15	66.00
69.00	06900	7,461	0	0	4,002	29,871	69.00
70.00	07000	5,230	0	0	1,296	2,094	70.00
71.00	07100	790	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	0	0	0	219	32	90.01
90.02	09002	3,880	0	0	2,202	28,237	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	1,655	0	0	632	5,759	90.04
90.05	09005	0	0	0	1,110	12,300	90.05
91.00	09100	19,657	0	0	9,676	132,855	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		450,972	784,470	622,437	141,168	1,270,442	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	7	0	190.00
190.01	19001	0	0	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION  (NURSING HOURS)		
			9.00	10.00	11.00	11.01	13.00		
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	357	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	58	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers							201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,340,593	3,541,710	3,184,832	3,184,832	2,808,186		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.842405	4.514781	5.116714	22.493340	2.210401		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	455,182	298,721	348,008	348,008	155,793		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.009335	0.380793	0.559106	2.457857	0.122629		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period: From 07/01/2016 To 06/30/2017

Worksheet B-1

Date/Time Prepared: 11/27/2017 2:06 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00590 OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03 00591 OTHER ADMINISTRATIVE AND GENERAL SBS						5.03
6.00 00600 MAINTENANCE & REPAIRS						6.00
6.01 00601 MOB I						6.01
6.02 00602 MOB II						6.02
6.03 00603 BETT MED PARK						6.03
6.04 00604 NW CLINICS						6.04
6.05 00605 CPMP I						6.05
6.06 00606 CPMP II						6.06
6.07 00607 BETT PLAZA						6.07
6.08 00608 HEART INSTITUTE						6.08
6.09 00609 53RD STREET						6.09
6.10 00610 ELDRI DGE						6.10
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
11.01 01101 EMPLOYEE CAFETERIA						11.01
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	52,755,769					14.00
15.00 01500 PHARMACY	246,130	23,051,301				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,067,741,287			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	72,963		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1,853,748	0	82,416,044	51,526	0	30.00
31.00 03100 INTENSIVE CARE UNIT	720,210	0	18,611,837	5,717	0	31.00
32.01 03201 NICU	57,375	0	4,436,314	2,337	0	32.01
40.00 04000 SUBPROVIDER - IPF	14,402	0	8,553,503	7,348	0	40.00
41.00 04100 SUBPROVIDER - IRF	81,145	0	6,714,404	6,035	0	41.00
43.00 04300 NURSERY	0	0	3,010,817	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	4,682,897	0	103,299,201	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	615,137	0	87,877,573	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	118,175	8,895,666	58,305,684	0	0	55.00
57.00 05700 CT SCAN	149,492	0	49,830,906	0	0	57.00
58.00 05800 MRI	8,169	0	15,608,685	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	739,957	0	112,212,386	0	0	59.00
60.00 06000 LABORATORY	148,945	0	70,619,121	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	3,345,678	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	302,623	0	27,895,382	0	0	65.00
66.00 06600 PHYSICAL THERAPY	129,622	0	44,671,540	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	83,738	0	24,310,757	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	66,925	0	8,592,855	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	16,040,840	0	69,739,831	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	24,644,138	0	88,722,637	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,113,762	14,155,635	89,051,247	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001 CLINICAL PSYCH	0	0	1,322,551	0	0	90.01
90.02 09002 OP INSTITUTES	205,609	0	17,448,667	0	0	90.02
90.03 09003 MARC	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	809	0	394,627	0	0	90.04
90.05 09005 PAIN MANAGEMENT	46,742	0	4,761,861	0	0	90.05
91.00 09100 EMERGENCY	685,179	0	65,987,179	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	52,755,769	23,051,301	1,067,741,287	72,963	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	21.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
190.01 19001 AUXILIARY	0	0	0	0	0	0 190.01
190.02 19002 FIRST MED CLINICS	0	0	0	0	0	0 190.02
190.03 19003 EAP	0	0	0	0	0	0 190.03
191.00 19100 RESEARCH	0	0	0	0	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01 19201 NON REIMBURSEABLE COST	0	0	0	0	0	0 192.01
192.02 19202 FOUNDATION	0	0	0	0	0	0 192.02
192.03 19203 BIO MED SERVICES - OUTREACH	0	0	0	0	0	0 192.03
192.04 19204 OUTREACH PROGRAMS	0	0	0	0	0	0 192.04
192.05 19205 PHASE III REHAB	0	0	0	0	0	0 192.05
192.06 19206 AFFILIATES	0	0	0	0	0	0 192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	0	0	0	0 192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	0 192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,890,476	9,225,133	5,111,308	152,868		0 202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.130611	0.400200	0.004787	2.095144	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,032,202	517,031	175,226	51,174		0 204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.019566	0.022430	0.000164	0.701369	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM - PASTORAL CARE (PATIENT DAYS)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00	
5.01 00590 OTHER ADMINISTRATIVE AND GENERAL			5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL			5.02	
5.03 00591 OTHER ADMINISTRATIVE AND GENERAL SBS			5.03	
6.00 00600 MAINTENANCE & REPAIRS			6.00	
6.01 00601 MOB I			6.01	
6.02 00602 MOB II			6.02	
6.03 00603 BETT MED PARK			6.03	
6.04 00604 NW CLINICS			6.04	
6.05 00605 CPMP I			6.05	
6.06 00606 CPMP II			6.06	
6.07 00607 BETT PLAZA			6.07	
6.08 00608 HEART INSTITUTE			6.08	
6.09 00609 53RD STREET			6.09	
6.10 00610 ELDRI DGE			6.10	
7.00 00700 OPERATION OF PLANT			7.00	
8.00 00800 LAUNDRY & LINEN SERVICE			8.00	
9.00 00900 HOUSEKEEPING			9.00	
10.00 01000 DIETARY			10.00	
11.00 01100 CAFETERIA			11.00	
11.01 01101 EMPLOYEE CAFETERIA			11.01	
13.00 01300 NURSING ADMINISTRATION			13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00	
15.00 01500 PHARMACY			15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00	
17.00 01700 SOCIAL SERVICE			17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	37,134		22.00	
23.00 02300 PARAMED PRGM - PASTORAL CARE		70,626	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000 ADULTS & PEDIATRICS	18,680	51,526	30.00	
31.00 03100 INTENSIVE CARE UNIT	1,288	5,717	31.00	
32.01 03201 NICU	1,049	0	32.01	
40.00 04000 SUBPROVIDER - IPF	1,049	7,348	40.00	
41.00 04100 SUBPROVIDER - IRF	0	6,035	41.00	
43.00 04300 NURSERY	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	1,049	0	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	513	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00	
57.00 05700 CT SCAN	0	0	57.00	
58.00 05800 MRI	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00	
60.00 06000 LABORATORY	348	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	598	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01 09001 CLINICAL PSYCH	0	0	90.01	
90.02 09002 OP INSTITUTES	0	0	90.02	
90.03 09003 MARC	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	0	0	90.04	
90.05 09005 PAIN MANAGEMENT	0	0	90.05	
91.00 09100 EMERGENCY	2,348	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)	26,922	70,626	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/27/2017 2:06 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM - PASTORAL CARE (PATIENT DAYS)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00	23.00	
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01 19001 AUXILIARY	0	0	190.01
190.02 19002 FIRST MED CLINICS	0	0	190.02
190.03 19003 EAP	0	0	190.03
191.00 19100 RESEARCH	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	10,212	0	192.00
192.01 19201 NON REIMBURSEABLE COST	0	0	192.01
192.02 19202 FOUNDATION	0	0	192.02
192.03 19203 BIO MED SERVICES - OUTREACH	0	0	192.03
192.04 19204 OUTREACH PROGRAMS	0	0	192.04
192.05 19205 PHASE III REHAB	0	0	192.05
192.06 19206 AFFILIATES	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	0	0	192.08
200.00 Cross Foot Adjustments			200.00
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,506,488	350,133	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	121.357462	4.957565	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	285,008	12,326	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	7.675123	0.174525	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet C  
Part I  
Date/Time Prepared:  
11/27/2017 2:06 pm

		Title XVIII		Hospital		PPS	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	44,856,054		44,856,054	0	44,856,054	30.00
31.00	03100 INTENSIVE CARE UNIT	8,578,539		8,578,539	2	8,578,541	31.00
32.01	03201 NICU	2,088,267		2,088,267	0	2,088,267	32.01
40.00	04000 SUBPROVIDER - I PF	5,171,419		5,171,419	0	5,171,419	40.00
41.00	04100 SUBPROVIDER - I RF	4,022,937		4,022,937	0	4,022,937	41.00
43.00	04300 NURSERY	3,119,107		3,119,107	0	3,119,107	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	26,062,951		26,062,951	0	26,062,951	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,713,982		24,713,982	0	24,713,982	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	21,766,365		21,766,365	0	21,766,365	55.00
57.00	05700 CT SCAN	2,456,056		2,456,056	0	2,456,056	57.00
58.00	05800 MRI	1,590,659		1,590,659	0	1,590,659	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,643,488		9,643,488	0	9,643,488	59.00
60.00	06000 LABORATORY	12,197,533		12,197,533	0	12,197,533	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,083,397		2,083,397	0	2,083,397	63.00
65.00	06500 RESPIRATORY THERAPY	4,352,471	0	4,352,471	5	4,352,476	65.00
66.00	06600 PHYSICAL THERAPY	20,333,765	0	20,333,765	0	20,333,765	66.00
69.00	06900 ELECTROCARDIOLOGY	5,821,257		5,821,257	0	5,821,257	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,680,441		1,680,441	19	1,680,460	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,198,068		22,198,068	0	22,198,068	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	33,802,881		33,802,881	0	33,802,881	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,203,079		25,203,079	0	25,203,079	73.00
74.00	07400 RENAL DIALYSIS	0		0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 CLINICAL PSYCH	299,384		299,384	0	299,384	90.01
90.02	09002 OP INSTITUTES	3,655,446		3,655,446	0	3,655,446	90.02
90.03	09003 MARC	0		0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	575,003		575,003	23	575,026	90.04
90.05	09005 PAIN MANAGEMENT	1,281,972		1,281,972	0	1,281,972	90.05
91.00	09100 EMERGENCY	11,813,381		11,813,381	37	11,813,418	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,656,804		2,656,804		2,656,804	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00	Subtotal (see instructions)	302,024,706	0	302,024,706	86	302,024,792	200.00
201.00	Less Observation Beds	2,656,804		2,656,804		2,656,804	201.00
202.00	Total (see instructions)	299,367,902	0	299,367,902	86	299,367,988	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 2:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	77,045,945		77,045,945	30.00
31.00	03100	INTENSIVE CARE UNIT	18,611,837		18,611,837	31.00
32.01	03201	NI CU	4,436,314		4,436,314	32.01
40.00	04000	SUBPROVIDER - I PF	8,553,503		8,553,503	40.00
41.00	04100	SUBPROVIDER - I RF	6,714,404		6,714,404	41.00
43.00	04300	NURSERY	3,010,817		3,010,817	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	63,135,018	40,164,183	103,299,201	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,630,879	72,246,694	87,877,573	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	406,586	57,899,098	58,305,684	55.00
57.00	05700	CT SCAN	17,788,783	32,042,123	49,830,906	57.00
58.00	05800	MRI	4,724,889	10,883,796	15,608,685	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,532,252	69,680,134	112,212,386	59.00
60.00	06000	LABORATORY	42,990,704	27,628,417	70,619,121	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,459,984	885,694	3,345,678	63.00
65.00	06500	RESPIRATORY THERAPY	25,175,889	2,719,493	27,895,382	65.00
66.00	06600	PHYSICAL THERAPY	16,768,113	27,903,427	44,671,540	66.00
69.00	06900	ELECTROCARDIOLOGY	12,006,828	12,303,929	24,310,757	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	492,241	8,100,614	8,592,855	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,518,845	28,220,986	69,739,831	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,990,693	32,731,944	88,722,637	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,919,246	21,132,001	89,051,247	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	09001	CLINICAL PSYCH	347,051	975,500	1,322,551	90.01
90.02	09002	OP INSTITUTES	187,863	17,260,804	17,448,667	90.02
90.03	09003	MARC	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	230	394,397	394,627	90.04
90.05	09005	PAIN MANAGEMENT	6,386	4,755,475	4,761,861	90.05
91.00	09100	EMERGENCY	14,200,284	51,786,895	65,987,179	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,817,074	2,553,025	5,370,099	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
200.00		Subtotal (see instructions)	545,472,658	522,268,629	1,067,741,287	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	545,472,658	522,268,629	1,067,741,287	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 2:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.01	03201 NICU			32.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.252305		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.281232		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.373315		55.00
57.00	05700 CT SCAN	0.049288		57.00
58.00	05800 MRI	0.101909		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.085940		59.00
60.00	06000 LABORATORY	0.172723		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.622713		63.00
65.00	06500 RESPIRATORY THERAPY	0.156029		65.00
66.00	06600 PHYSICAL THERAPY	0.455184		66.00
69.00	06900 ELECTROCARDIOLOGY	0.239452		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.195565		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.318298		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.380995		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.283018		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	09001 CLINICAL PSYCH	0.226369		90.01
90.02	09002 OP INSTITUTES	0.209497		90.02
90.03	09003 MARC	0.000000		90.03
90.04	09004 BARIATRIC CLINIC	1.457138		90.04
90.05	09005 PAIN MANAGEMENT	0.269217		90.05
91.00	09100 EMERGENCY	0.179026		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.494740		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet C  
Part I  
Date/Time Prepared:  
11/27/2017 2:06 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	44,856,054		44,856,054	0	44,856,054 30.00
31.00	03100 INTENSIVE CARE UNIT	8,578,539		8,578,539	2	8,578,541 31.00
32.01	03201 NICU	2,088,267		2,088,267	0	2,088,267 32.01
40.00	04000 SUBPROVIDER - I PF	5,171,419		5,171,419	0	5,171,419 40.00
41.00	04100 SUBPROVIDER - I RF	4,022,937		4,022,937	0	4,022,937 41.00
43.00	04300 NURSERY	3,119,107		3,119,107	0	3,119,107 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	26,062,951		26,062,951	0	26,062,951 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,713,982		24,713,982	0	24,713,982 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	21,766,365		21,766,365	0	21,766,365 55.00
57.00	05700 CT SCAN	2,456,056		2,456,056	0	2,456,056 57.00
58.00	05800 MRI	1,590,659		1,590,659	0	1,590,659 58.00
59.00	05900 CARDIAC CATHETERIZATION	9,643,488		9,643,488	0	9,643,488 59.00
60.00	06000 LABORATORY	12,197,533		12,197,533	0	12,197,533 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,083,397		2,083,397	0	2,083,397 63.00
65.00	06500 RESPIRATORY THERAPY	4,352,471	0	4,352,471	5	4,352,476 65.00
66.00	06600 PHYSICAL THERAPY	20,333,765	0	20,333,765	0	20,333,765 66.00
69.00	06900 ELECTROCARDIOLOGY	5,821,257		5,821,257	0	5,821,257 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,680,441		1,680,441	19	1,680,460 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,198,068		22,198,068	0	22,198,068 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	33,802,881		33,802,881	0	33,802,881 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,203,079		25,203,079	0	25,203,079 73.00
74.00	07400 RENAL DIALYSIS	0		0	0	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	09001 CLINICAL PSYCH	299,384		299,384	0	299,384 90.01
90.02	09002 OP INSTITUTES	3,655,446		3,655,446	0	3,655,446 90.02
90.03	09003 MARC	0		0	0	0 90.03
90.04	09004 BARIATRIC CLINIC	575,003		575,003	23	575,026 90.04
90.05	09005 PAIN MANAGEMENT	1,281,972		1,281,972	0	1,281,972 90.05
91.00	09100 EMERGENCY	11,813,381		11,813,381	37	11,813,418 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,656,804		2,656,804		2,656,804 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0		0	0	0 95.00
200.00	Subtotal (see instructions)	302,024,706	0	302,024,706	86	302,024,792 200.00
201.00	Less Observation Beds	2,656,804		2,656,804		2,656,804 201.00
202.00	Total (see instructions)	299,367,902	0	299,367,902	86	299,367,988 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 16-0033		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/27/2017 2:06 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	77,045,945		77,045,945			30.00
31.00	03100	INTENSIVE CARE UNIT	18,611,837		18,611,837			31.00
32.01	03201	NI CU	4,436,314		4,436,314			32.01
40.00	04000	SUBPROVIDER - I PF	8,553,503		8,553,503			40.00
41.00	04100	SUBPROVIDER - I RF	6,714,404		6,714,404			41.00
43.00	04300	NURSERY	3,010,817		3,010,817			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	63,135,018	40,164,183	103,299,201	0.252305	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,630,879	72,246,694	87,877,573	0.281232	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	406,586	57,899,098	58,305,684	0.373315	0.000000	55.00
57.00	05700	CT SCAN	17,788,783	32,042,123	49,830,906	0.049288	0.000000	57.00
58.00	05800	MRI	4,724,889	10,883,796	15,608,685	0.101909	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,532,252	69,680,134	112,212,386	0.085940	0.000000	59.00
60.00	06000	LABORATORY	42,990,704	27,628,417	70,619,121	0.172723	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,459,984	885,694	3,345,678	0.622713	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	25,175,889	2,719,493	27,895,382	0.156028	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	16,768,113	27,903,427	44,671,540	0.455184	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	12,006,828	12,303,929	24,310,757	0.239452	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	492,241	8,100,614	8,592,855	0.195563	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,518,845	28,220,986	69,739,831	0.318298	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,990,693	32,731,944	88,722,637	0.380995	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,919,246	21,132,001	89,051,247	0.283018	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	CLINICAL PSYCH	347,051	975,500	1,322,551	0.226369	0.000000	90.01
90.02	09002	OP INSTITUTES	187,863	17,260,804	17,448,667	0.209497	0.000000	90.02
90.03	09003	MARC	0	0	0	0.000000	0.000000	90.03
90.04	09004	BARIATRIC CLINIC	230	394,397	394,627	1.457080	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	6,386	4,755,475	4,761,861	0.269217	0.000000	90.05
91.00	09100	EMERGENCY	14,200,284	51,786,895	65,987,179	0.179025	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,817,074	2,553,025	5,370,099	0.494740	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00		Subtotal (see instructions)	545,472,658	522,268,629	1,067,741,287			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	545,472,658	522,268,629	1,067,741,287			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 2:06 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.01	03201 NICU			32.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	09001 CLINICAL PSYCH	0.000000		90.01
90.02	09002 OP INSTITUTES	0.000000		90.02
90.03	09003 MARC	0.000000		90.03
90.04	09004 BARIATRIC CLINIC	0.000000		90.04
90.05	09005 PAIN MANAGEMENT	0.000000		90.05
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/27/2017 2:06 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,892,178	0	2,892,178	54,770	52.81	30.00
31.00	INTENSIVE CARE UNIT	537,088		537,088	5,717	93.95	31.00
32.01	NICU	115,327		115,327	2,337	49.35	32.01
40.00	SUBPROVIDER - IPF	372,403	0	372,403	7,348	50.68	40.00
41.00	SUBPROVIDER - IRF	331,564	0	331,564	6,035	54.94	41.00
43.00	NURSERY	21,577		21,577	3,402	6.34	43.00
200.00	Total (Lines 30-199)	4,270,137		4,270,137	79,609		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	24,533	1,295,588				
31.00	INTENSIVE CARE UNIT	2,903	272,737				
32.01	NICU	0	0				
40.00	SUBPROVIDER - IPF	1,572	79,669				
41.00	SUBPROVIDER - IRF	3,259	179,049				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	32,267	1,827,043				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part II Date/Time Prepared: 11/27/2017 2:06 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	3,652,503	103,299,201	0.035358	27,582,530	975,263	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,387,749	87,877,573	0.015792	8,241,292	130,146	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,673,055	58,305,684	0.028695	303,404	8,706	55.00
57.00	05700 CT SCAN	226,159	49,830,906	0.004539	7,200,446	32,683	57.00
58.00	05800 MRI	292,723	15,608,685	0.018754	2,130,185	39,949	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,612,281	112,212,386	0.014368	20,814,967	299,069	59.00
60.00	06000 LABORATORY	635,187	70,619,121	0.008995	18,594,062	167,254	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	21,724	3,345,678	0.006493	1,204,595	7,821	63.00
65.00	06500 RESPIRATORY THERAPY	356,005	27,895,382	0.012762	12,574,397	160,474	65.00
66.00	06600 PHYSICAL THERAPY	2,604,436	44,671,540	0.058302	5,711,121	332,970	66.00
69.00	06900 ELECTROCARDIOLOGY	1,501,163	24,310,757	0.061749	6,377,206	393,786	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	194,976	8,592,855	0.022690	219,471	4,980	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	466,580	69,739,831	0.006690	18,290,172	122,361	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	694,647	88,722,637	0.007829	29,481,227	230,809	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	478,372	89,051,247	0.005372	29,979,849	161,052	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 CLINICAL PSYCH	3,653	1,322,551	0.002762	26,219	72	90.01
90.02	09002 OP INSTITUTES	439,470	17,448,667	0.025186	169,648	4,273	90.02
90.03	09003 MARC	0	0	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	135,286	394,627	0.342820	109	37	90.04
90.05	09005 PAIN MANAGEMENT	327,798	4,761,861	0.068838	5,351	368	90.05
91.00	09100 EMERGENCY	579,936	65,987,179	0.008789	7,035,670	61,837	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	171,303	5,370,099	0.031899	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	17,455,006	949,368,467		195,941,921	3,133,910	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/27/2017 2:06 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	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	255,444	0	255,444	30.00
31.00	03100	INTENSIVE CARE UNIT	0	28,342	0	28,342	31.00
32.01	03201	NICU	0	0	0	0	32.01
40.00	04000	SUBPROVIDER - IPF	0	36,428	0	36,428	40.00
41.00	04100	SUBPROVIDER - IRF	0	29,919	0	29,919	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	350,133	0	350,133	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	6.00	7.00	8.00	9.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	54,770	4.66	24,533	114,324	30.00
31.00	03100	INTENSIVE CARE UNIT	5,717	4.96	2,903	14,399	31.00
32.01	03201	NICU	2,337	0.00	0	0	32.01
40.00	04000	SUBPROVIDER - IPF	7,348	4.96	1,572	7,797	40.00
41.00	04100	SUBPROVIDER - IRF	6,035	4.96	3,259	16,165	41.00
43.00	04300	NURSERY	3,402	0.00	0	0	43.00
200.00		Total (lines 30-199)	79,609		32,267	152,685	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 2:06 pm
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Cost Center Description	Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	CLINICAL PSYCH	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	0	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	15,130	0	15,130
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	15,130	0	15,130
200.00		Total (lines 50-199)	0	0	15,130	0	15,130

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 2:06 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	103,299,201	0.000000	0.000000	27,582,530	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	87,877,573	0.000000	0.000000	8,241,292	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	58,305,684	0.000000	0.000000	303,404	55.00
57.00	05700 CT SCAN	0	49,830,906	0.000000	0.000000	7,200,446	57.00
58.00	05800 MRI	0	15,608,685	0.000000	0.000000	2,130,185	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	112,212,386	0.000000	0.000000	20,814,967	59.00
60.00	06000 LABORATORY	0	70,619,121	0.000000	0.000000	18,594,062	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	3,345,678	0.000000	0.000000	1,204,595	63.00
65.00	06500 RESPIRATORY THERAPY	0	27,895,382	0.000000	0.000000	12,574,397	65.00
66.00	06600 PHYSICAL THERAPY	0	44,671,540	0.000000	0.000000	5,711,121	66.00
69.00	06900 ELECTROCARDIOLOGY	0	24,310,757	0.000000	0.000000	6,377,206	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	8,592,855	0.000000	0.000000	219,471	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	69,739,831	0.000000	0.000000	18,290,172	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	88,722,637	0.000000	0.000000	29,481,227	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	89,051,247	0.000000	0.000000	29,979,849	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 CLINICAL PSYCH	0	1,322,551	0.000000	0.000000	26,219	90.01
90.02	09002 OP INSTITUTES	0	17,448,667	0.000000	0.000000	169,648	90.02
90.03	09003 MARC	0	0	0.000000	0.000000	0	90.03
90.04	09004 BARIATRIC CLINIC	0	394,627	0.000000	0.000000	109	90.04
90.05	09005 PAIN MANAGEMENT	0	4,761,861	0.000000	0.000000	5,351	90.05
91.00	09100 EMERGENCY	0	65,987,179	0.000000	0.000000	7,035,670	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	15,130	5,370,099	0.002817	0.002817	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	15,130	949,368,467			195,941,921	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 2:06 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	9,895,788	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	21,614,735	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,224,762	0	55.00
57.00	05700 CT SCAN	0	8,722,462	0	57.00
58.00	05800 MRI	0	2,200,422	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	34,798,554	0	59.00
60.00	06000 LABORATORY	0	6,572,084	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	339,875	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,125,705	0	65.00
66.00	06600 PHYSICAL THERAPY	0	193,190	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	3,737,097	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,014,648	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,044,773	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,480,543	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	15,386,407	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0	52,643	0	90.01
90.02	09002 OP INSTITUTES	0	8,177,066	0	90.02
90.03	09003 MARC	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	43,141	0	90.04
90.05	09005 PAIN MANAGEMENT	0	1,288,190	0	90.05
91.00	09100 EMERGENCY	0	7,675,215	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	582,566	1,641	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	0	161,169,866	1,641	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 2:06 pm
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Title XVIII		Hospital		PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.252305	9,895,788	0	0	2,496,757	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.281232	21,614,735	0	0	6,078,755	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.373315	9,224,762	0	0	3,443,742	55.00
57.00	05700 CT SCAN	0.049288	8,722,462	0	0	429,913	57.00
58.00	05800 MRI	0.101909	2,200,422	0	0	224,243	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.085940	34,798,554	3,205	0	2,990,588	59.00
60.00	06000 LABORATORY	0.172723	6,572,084	0	0	1,135,150	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.622713	339,875	0	0	211,645	63.00
65.00	06500 RESPIRATORY THERAPY	0.156028	1,125,705	0	0	175,641	65.00
66.00	06600 PHYSICAL THERAPY	0.455184	193,190	0	0	87,937	66.00
69.00	06900 ELECTROCARDIOLOGY	0.239452	3,737,097	0	0	894,855	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.195563	2,014,648	0	0	393,991	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.318298	12,044,773	0	0	3,833,827	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.380995	15,480,543	0	0	5,898,009	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.283018	15,386,407	0	82,437	4,354,630	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 CLINICAL PSYCH	0.226369	52,643	0	0	11,917	90.01
90.02	09002 OP INSTITUTES	0.209497	8,177,066	0	0	1,713,071	90.02
90.03	09003 MARC	0.000000	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	1.457080	43,141	0	0	62,860	90.04
90.05	09005 PAIN MANAGEMENT	0.269217	1,288,190	0	0	346,803	90.05
91.00	09100 EMERGENCY	0.179025	7,675,215	0	0	1,374,055	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.494740	582,566	0	0	288,219	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.000000		0			95.00
200.00	Subtotal (see instructions)		161,169,866	3,205	82,437	36,446,608	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		161,169,866	3,205	82,437	36,446,608	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 2:06 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	275	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	23,331		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01 09001 CLINICAL PSYCH	0	0		90.01
90.02 09002 OP INSTITUTES	0	0		90.02
90.03 09003 MARC	0	0		90.03
90.04 09004 BARIATRIC CLINIC	0	0		90.04
90.05 09005 PAIN MANAGEMENT	0	0		90.05
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	275	23,331		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	275	23,331		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 16-0033 Component CCN: 16-S033		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/27/2017 2:06 pm	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	3,652,503	103,299,201	0.035358	28,584	1,011	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,387,749	87,877,573	0.015792	26,021	411	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,673,055	58,305,684	0.028695	0	0	55.00
57.00	05700 CT SCAN	226,159	49,830,906	0.004539	53,592	243	57.00
58.00	05800 MRI	292,723	15,608,685	0.018754	8,691	163	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,612,281	112,212,386	0.014368	0	0	59.00
60.00	06000 LABORATORY	635,187	70,619,121	0.008995	156,714	1,410	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	21,724	3,345,678	0.006493	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	356,005	27,895,382	0.012762	27,383	349	65.00
66.00	06600 PHYSICAL THERAPY	2,604,436	44,671,540	0.058302	278,267	16,224	66.00
69.00	06900 ELECTROCARDIOLOGY	1,501,163	24,310,757	0.061749	21,920	1,354	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	194,976	8,592,855	0.022690	3,361	76	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	466,580	69,739,831	0.006690	2,558	17	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	694,647	88,722,637	0.007829	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	478,372	89,051,247	0.005372	455,411	2,446	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 CLINICAL PSYCH	3,653	1,322,551	0.002762	0	0	90.01
90.02	09002 OP INSTITUTES	439,470	17,448,667	0.025186	950	24	90.02
90.03	09003 MARC	0	0	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	135,286	394,627	0.342820	0	0	90.04
90.05	09005 PAIN MANAGEMENT	327,798	4,761,861	0.068838	0	0	90.05
91.00	09100 EMERGENCY	579,936	65,987,179	0.008789	187,955	1,652	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,370,099	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	17,283,703	949,368,467		1,251,407	25,380	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 2:06 pm
Title XVIII		Subprovider - IPF	PPS

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 2:06 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)	
	6.00	7.00	8.00	9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	103,299,201	0.000000	0.000000	28,584 50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	87,877,573	0.000000	0.000000	26,021 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	58,305,684	0.000000	0.000000	0 55.00
57.00 05700 CT SCAN	0	49,830,906	0.000000	0.000000	53,592 57.00
58.00 05800 MRI	0	15,608,685	0.000000	0.000000	8,691 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	112,212,386	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	70,619,121	0.000000	0.000000	156,714 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,345,678	0.000000	0.000000	0 63.00
65.00 06500 RESPIRATORY THERAPY	0	27,895,382	0.000000	0.000000	27,383 65.00
66.00 06600 PHYSICAL THERAPY	0	44,671,540	0.000000	0.000000	278,267 66.00
69.00 06900 ELECTROCARDIOLOGY	0	24,310,757	0.000000	0.000000	21,920 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	8,592,855	0.000000	0.000000	3,361 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	69,739,831	0.000000	0.000000	2,558 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	88,722,637	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	89,051,247	0.000000	0.000000	455,411 73.00
74.00 07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01 09001 CLINICAL PSYCH	0	1,322,551	0.000000	0.000000	0 90.01
90.02 09002 OP INSTITUTES	0	17,448,667	0.000000	0.000000	950 90.02
90.03 09003 MARC	0	0	0.000000	0.000000	0 90.03
90.04 09004 BARIATRIC CLINIC	0	394,627	0.000000	0.000000	0 90.04
90.05 09005 PAIN MANAGEMENT	0	4,761,861	0.000000	0.000000	0 90.05
91.00 09100 EMERGENCY	0	65,987,179	0.000000	0.000000	187,955 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,370,099	0.000000	0.000000	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES					
200.00 Total (lines 50-199)	0	949,368,467			1,251,407 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 2:06 pm
Title XVIII		Subprovider - IPF	PPS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 2:06 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.252305	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.281232	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.373315	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0.049288	0	0	0	0	0	57.00
58.00 05800 MRI	0.101909	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.085940	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.172723	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.622713	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.156028	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.455184	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.239452	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.195563	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.318298	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.380995	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.283018	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01 09001 CLINICAL PSYCH	0.226369	0	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0.209497	0	0	0	0	0	90.02
90.03 09003 MARC	0.000000	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	1.457080	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.269217	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.179025	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.494740	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0.000000		0	0			95.00
200.00	Subtotal (see instructions)		0	0		0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0		0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0		0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 2:06 pm
Title XVIII		Subprovider - IPF	PPS

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 16-0033 Component CCN: 16-T033		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/27/2017 2:06 pm	
Title XVIII				Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	3,652,503	103,299,201	0.035358	3,517	124	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,387,749	87,877,573	0.015792	149,790	2,365	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,673,055	58,305,684	0.028695	0	0	55.00
57.00	05700 CT SCAN	226,159	49,830,906	0.004539	139,343	632	57.00
58.00	05800 MRI	292,723	15,608,685	0.018754	8,891	167	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,612,281	112,212,386	0.014368	0	0	59.00
60.00	06000 LABORATORY	635,187	70,619,121	0.008995	615,745	5,539	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	21,724	3,345,678	0.006493	4,527	29	63.00
65.00	06500 RESPIRATORY THERAPY	356,005	27,895,382	0.012762	262,836	3,354	65.00
66.00	06600 PHYSICAL THERAPY	2,604,436	44,671,540	0.058302	2,963,475	172,777	66.00
69.00	06900 ELECTROCARDIOLOGY	1,501,163	24,310,757	0.061749	34,524	2,132	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	194,976	8,592,855	0.022690	12,505	284	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	466,580	69,739,831	0.006690	221,561	1,482	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	694,647	88,722,637	0.007829	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	478,372	89,051,247	0.005372	968,101	5,201	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 CLINICAL PSYCH	3,653	1,322,551	0.002762	122,155	337	90.01
90.02	09002 OP INSTITUTES	439,470	17,448,667	0.025186	12,121	305	90.02
90.03	09003 MARC	0	0	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	135,286	394,627	0.342820	0	0	90.04
90.05	09005 PAIN MANAGEMENT	327,798	4,761,861	0.068838	0	0	90.05
91.00	09100 EMERGENCY	579,936	65,987,179	0.008789	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,370,099	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	17,283,703	949,368,467		5,519,091	194,728	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 2:06 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	0	0	90.02
90.03	09003 MARC	0	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 2:06 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	103,299,201	0.000000	0.000000	3,517 50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	87,877,573	0.000000	0.000000	149,790 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	58,305,684	0.000000	0.000000	0 55.00
57.00 05700 CT SCAN	0	49,830,906	0.000000	0.000000	139,343 57.00
58.00 05800 MRI	0	15,608,685	0.000000	0.000000	8,891 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	112,212,386	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	70,619,121	0.000000	0.000000	615,745 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,345,678	0.000000	0.000000	4,527 63.00
65.00 06500 RESPIRATORY THERAPY	0	27,895,382	0.000000	0.000000	262,836 65.00
66.00 06600 PHYSICAL THERAPY	0	44,671,540	0.000000	0.000000	2,963,475 66.00
69.00 06900 ELECTROCARDIOLOGY	0	24,310,757	0.000000	0.000000	34,524 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	8,592,855	0.000000	0.000000	12,505 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	69,739,831	0.000000	0.000000	221,561 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	88,722,637	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	89,051,247	0.000000	0.000000	968,101 73.00
74.00 07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01 09001 CLINICAL PSYCH	0	1,322,551	0.000000	0.000000	122,155 90.01
90.02 09002 OP INSTITUTES	0	17,448,667	0.000000	0.000000	12,121 90.02
90.03 09003 MARC	0	0	0.000000	0.000000	0 90.03
90.04 09004 BARIATRIC CLINIC	0	394,627	0.000000	0.000000	0 90.04
90.05 09005 PAIN MANAGEMENT	0	4,761,861	0.000000	0.000000	0 90.05
91.00 09100 EMERGENCY	0	65,987,179	0.000000	0.000000	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,370,099	0.000000	0.000000	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES					
200.00 Total (lines 50-199)	0	949,368,467			5,519,091 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 2:06 pm
Title XVIII		Subprovider - IRF	PPS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 2:06 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		Cost Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.252305	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.281232	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.373315	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0.049288	0	0	0	0	0	57.00
58.00 05800 MRI	0.101909	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.085940	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.172723	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.622713	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.156028	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.455184	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.239452	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.195563	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.318298	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.380995	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.283018	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01 09001 CLINICAL PSYCH	0.226369	0	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0.209497	0	0	0	0	0	90.02
90.03 09003 MARC	0.000000	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	1.457080	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.269217	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.179025	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.494740	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0.000000		0	0			95.00
200.00	Subtotal (see instructions)		0	0		0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0		0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0		0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 2:06 pm
Title XVIII		Subprovider - IRF	PPS

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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 2:06 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		54,770	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,770	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)		51,526	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		24,533	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		44,856,054	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)		44,856,054	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		44,856,054	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		818.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,092,282	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)		20,092,282	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 2:06 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	8,578,541	5,717	1,500.53	2,903	4,356,039	43.00
44.00 CORONARY CARE UNIT						44.00
44.01 NICU	2,088,267	2,337	893.57	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48,685,692	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					73,134,013	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,697,048	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,133,910	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,830,958	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					68,303,055	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)					3,244	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					818.99	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,656,804	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 2:06 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,892,178	44,856,054	0.064477	2,656,804	171,303	90.00
91.00	Nursing School cost	0	44,856,054	0.000000	2,656,804	0	91.00
92.00	Allied health cost	255,444	44,856,054	0.005695	2,656,804	15,130	92.00
93.00	All other Medical Education	0	44,856,054	0.000000	2,656,804	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 2:06 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,348	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,348	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)		7,348	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,572	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,171,419	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,171,419	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,171,419	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		703.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,106,358	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,106,358	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1
					Component CCN: 16-S033		Date/Time Prepared: 11/27/2017 2:06 pm
					Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
44.01 NICU	0	0	0.00	0	0	44.01	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
<b>Cost Center Description</b>							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					345,519	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,451,877	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					87,466	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					25,380	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					112,846	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,339,031	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033 Component CCN: 16-S033		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 2:06 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	372,403	5,171,419	0.072012	0	0	90.00
91.00	Nursing School cost	0	5,171,419	0.000000	0	0	91.00
92.00	Allied health cost	36,428	5,171,419	0.007044	0	0	92.00
93.00	All other Medical Education	0	5,171,419	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 2:06 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,035	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,035	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,035	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,259	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,022,937	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,022,937	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,022,937	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		666.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,172,449	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,172,449	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1
					Component CCN: 16-T033		Date/Time Prepared: 11/27/2017 2:06 pm
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
44.01 NICU	0	0	0.00	0	0	44.01	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
<b>Cost Center Description</b>							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,935,311	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,107,760	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					195,214	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					194,728	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					389,942	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,717,818	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033 Component CCN: 16-T033		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 2:06 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	331,564	4,022,937	0.082418	0	0	90.00
91.00	Nursing School cost	0	4,022,937	0.000000	0	0	91.00
92.00	Allied health cost	29,919	4,022,937	0.007437	0	0	92.00
93.00	All other Medical Education	0	4,022,937	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/27/2017 2:06 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		33,043,345	30.00
31.00	03100	INTENSIVE CARE UNIT		9,224,691	31.00
32.01	03201	NICU		0	32.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.252305	27,582,530	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.281232	8,241,292	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.373315	303,404	55.00
57.00	05700	CT SCAN	0.049288	7,200,446	57.00
58.00	05800	MRI	0.101909	2,130,185	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.085940	20,814,967	59.00
60.00	06000	LABORATORY	0.172723	18,594,062	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.622713	1,204,595	63.00
65.00	06500	RESPIRATORY THERAPY	0.156029	12,574,397	65.00
66.00	06600	PHYSICAL THERAPY	0.455184	5,711,121	66.00
69.00	06900	ELECTROCARDIOLOGY	0.239452	6,377,206	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195565	219,471	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.318298	18,290,172	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.380995	29,481,227	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.283018	29,979,849	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	09001	CLINICAL PSYCH	0.226369	26,219	90.01
90.02	09002	OP INSTITUTES	0.209497	169,648	90.02
90.03	09003	MARC	0.000000	0	90.03
90.04	09004	BARIATRIC CLINIC	1.457138	109	90.04
90.05	09005	PAIN MANAGEMENT	0.269217	5,351	90.05
91.00	09100	EMERGENCY	0.179026	7,035,670	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.494740	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		195,941,921	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)		195,941,921	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/27/2017 2:06 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.01	03201	NICU		0	32.01
40.00	04000	SUBPROVIDER - IPF		1,650,600	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.252305	28,584	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.281232	26,021	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.373315	0	55.00
57.00	05700	CT SCAN	0.049288	53,592	57.00
58.00	05800	MRI	0.101909	8,691	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.085940	0	59.00
60.00	06000	LABORATORY	0.172723	156,714	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.622713	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.156029	27,383	65.00
66.00	06600	PHYSICAL THERAPY	0.455184	278,267	66.00
69.00	06900	ELECTROCARDIOLOGY	0.239452	21,920	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195565	3,361	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.318298	2,558	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.380995	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.283018	455,411	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	09001	CLINICAL PSYCH	0.226369	0	90.01
90.02	09002	OP INSTITUTES	0.209497	950	90.02
90.03	09003	MARC	0.000000	0	90.03
90.04	09004	BARIATRIC CLINIC	1.457138	0	90.04
90.05	09005	PAIN MANAGEMENT	0.269217	0	90.05
91.00	09100	EMERGENCY	0.179026	187,955	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.494740	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,251,407	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,251,407	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/27/2017 2:06 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.01	03201	NICU		0	32.01
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,509,983	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.252305	3,517	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.281232	149,790	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.373315	0	55.00
57.00	05700	CT SCAN	0.049288	139,343	57.00
58.00	05800	MRI	0.101909	8,891	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.085940	0	59.00
60.00	06000	LABORATORY	0.172723	615,745	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.622713	4,527	63.00
65.00	06500	RESPIRATORY THERAPY	0.156029	262,836	65.00
66.00	06600	PHYSICAL THERAPY	0.455184	2,963,475	66.00
69.00	06900	ELECTROCARDIOLOGY	0.239452	34,524	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195565	12,505	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.318298	221,561	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.380995	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.283018	968,101	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	09001	CLINICAL PSYCH	0.226369	122,155	90.01
90.02	09002	OP INSTITUTES	0.209497	12,121	90.02
90.03	09003	MARC	0.000000	0	90.03
90.04	09004	BARIATRIC CLINIC	1.457138	0	90.04
90.05	09005	PAIN MANAGEMENT	0.269217	0	90.05
91.00	09100	EMERGENCY	0.179026	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.494740	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,519,091	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		5,519,091	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 2:06 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		13,979,198	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		46,693,629	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		2,668,477	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		17,276,175	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		246.11	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		11.57	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.50	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		12.07	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		17.35	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		12.07	12.00
13.00	Total allowable FTE count for the prior year.		11.57	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		11.57	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.74	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		11.74	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.047702	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.049021	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.047702	21.00
22.00	IME payment adjustment (see instructions)		1,560,505	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		444,343	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		3.08	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		5.28	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		3.08	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.012515	26.00
27.00	IME payments adjustment factor. (see instructions)		0.003333	27.00
28.00	IME add-on adjustment amount (see instructions)		202,223	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		57,581	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,762,728	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		501,924	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.60	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.76	31.00
32.00	Sum of lines 30 and 31		25.36	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.14	33.00
34.00	Disproportionate share adjustment (see instructions)		1,538,057	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 2:06 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,168,857	2,082,090	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		545,177	1,557,289	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,102,466		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		68,744,555		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
			Amount		
			1.00		
49.00	Total payment for inpatient operating costs (see instructions)		69,246,479		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,444,869		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		657,983		52.00
53.00	Nursing and Allied Health Managed Care payment		46,374		53.00
54.00	Special add-on payments for new technologies		24,275		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		128,723		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		75,548,703		59.00
60.00	Primary payer payments		53,965		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		75,494,738		61.00
62.00	Deductibles billed to program beneficiaries		6,676,360		62.00
63.00	Coinurance billed to program beneficiaries		149,121		63.00
64.00	Allowable bad debts (see instructions)		105,744		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		68,734		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		73,882		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		68,737,991		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	MISC		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.88	SCH or MDH volume decrease adjustment		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-197,435		70.93
70.94	HRR adjustment amount (see instructions)		-70,069		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 2:06 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			574,041	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			67,896,446	71.00
71.01	Sequestration adjustment (see instructions)			1,357,929	71.01
72.00	Interim payments			67,048,681	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			-510,164	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/27/2017 2:06 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		23,606	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		36,444,967	2.00
3.00	PPS payments		35,238,719	3.00
4.00	Outlier payment (see instructions)		267,242	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		1,641	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		23,606	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		85,642	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)		85,642	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		85,642	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		62,036	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)		23,606	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)		35,507,602	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		185,462	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,877,475	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)		29,468,271	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		305,071	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)		29,773,342	30.00
31.00	Primary payer payments		9,257	31.00
32.00	Subtotal (line 30 minus line 31)		29,764,085	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		150,447	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		97,791	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		70,722	36.00
37.00	Subtotal (see instructions)		29,861,876	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	MISC		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		29,861,876	40.00
40.01	Sequestration adjustment (see instructions)		597,238	40.01
41.00	Interim payments		29,261,809	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		2,829	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/27/2017 2:06 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/27/2017 2:06 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/27/2017 2:06 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		67,048,681		29,261,809	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)		67,048,681		29,261,809	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		2,829	6.01	
6.02	SETTLEMENT TO PROGRAM		510,164		0	6.02	
7.00	Total Medicare program liability (see instructions)		66,538,517		29,264,638	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0033  
Component CCN: 16-S033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/27/2017 2:06 pm

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,089,427		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)		1,089,427		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		12,582		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,102,009		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 16-0033 Component CCN: 16-T033		Period: From 07/01/2016 To 06/30/2017		Worksheet E-1 Part I Date/Time Prepared: 11/27/2017 2:06 pm	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,663,970			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,663,970			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0			0	6.01
6.02	SETTLEMENT TO PROGRAM		23,340			0	6.02
7.00	Total Medicare program liability (see instructions)		4,640,630			0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet E-1  
Part II  
Date/Time Prepared:  
11/27/2017 2:06 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			17,167 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			27,436 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			8,334 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			59,580 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,067,741,287 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			9,124,922 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)			787,695 8.00
9.00	Sequestration adjustment amount (see instructions)			15,754 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			771,941 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
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)			771,941 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part II Date/Time Prepared: 11/27/2017 2:06 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,312,706 1.00
2.00	Net IPF PPS Outlier Payments			510 2.00
3.00	Net IPF PPS ECT Payments			11,882 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			20.131507 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,325,098 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,325,098 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,325,098 18.00
19.00	Deductibles			200,992 19.00
20.00	Subtotal (line 18 minus line 19)			1,124,106 20.00
21.00	Coinsurance			12,362 21.00
22.00	Subtotal (line 20 minus line 21)			1,111,744 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			7,628 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			4,958 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,116,702 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			7,797 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	MISC			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,124,499 31.00
31.01	Sequestration adjustment (see instructions)			22,490 31.01
32.00	Interim payments			1,089,427 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			12,582 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			510 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part III Date/Time Prepared: 11/27/2017 2:06 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			4,478,040 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0451 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			229,723 3.00
4.00	Outlier Payments			62,355 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			16.534247 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,770,118 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,770,118 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,770,118 19.00
20.00	Deductibles			15,596 20.00
21.00	Subtotal (line 19 minus line 20)			4,754,522 21.00
22.00	Coinsurance			35,350 22.00
23.00	Subtotal (line 21 minus line 22)			4,719,172 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,719,172 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			16,165 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	MISC			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,735,337 32.00
32.01	Sequestration adjustment (see instructions)			94,707 32.01
33.00	Interim payments			4,663,970 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			-23,340 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			62,355 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/27/2017 2:06 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			15.51	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.71	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			12.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			17.64	6.00
7.00	Enter the lesser of line 5 or line 6			12.80	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	17.64	0.00	17.64	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	12.80	0.00	12.80	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	12.80	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	12.80	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	12.80	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.80	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
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	0.50	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	13.30	0.00		17.00
18.00	Per resident amount	131,644.77	128,477.12		18.00
19.00	Approved amount for resident costs	1,750,875	0	1,750,875	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			4.84	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,750,875	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	32,267	9,160		26.00
27.00	Total Inpatient Days (see instructions)	72,963	72,963		27.00
28.00	Ratio of inpatient days to total inpatient days	0.442238	0.125543		28.00
29.00	Program direct GME amount	774,303	219,810		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		31,059		30.00
31.00	Net Program direct GME amount			963,054	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/27/2017 2:06 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		78,693,650	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)		53,965	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		78,639,685	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		36,470,214	42.00
43.00	Primary payer payments (see instructions)		9,257	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		36,460,957	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		115,100,642	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.683225	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.316775	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		963,054	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		657,983	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		305,071	50.00

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

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G  
Date/Time Prepared:  
11/27/2017 2:06 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	2,190,324	0	0	0	1.00
2.00	Temporary investments	8,399,472	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	135,724,024	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-87,437,843	0	0	0	6.00
7.00	Inventory	11,290,023	0	0	0	7.00
8.00	Prepaid expenses	2,320,166	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	72,486,166	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	7,256,804	0	0	0	12.00
13.00	Land improvements	19,134,184	0	0	0	13.00
14.00	Accumulated depreciation	-13,602,292	0	0	0	14.00
15.00	Buildings	308,428,811	0	0	0	15.00
16.00	Accumulated depreciation	-133,269,106	0	0	0	16.00
17.00	Leasehold improvements	14,590,467	0	0	0	17.00
18.00	Accumulated depreciation	-14,065,450	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	185,735,705	0	0	0	23.00
24.00	Accumulated depreciation	-149,415,944	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)	224,793,179	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	317,342,395	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	639,450	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	317,981,845	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	615,261,190	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	18,329,065	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,624,003	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,180,000	0	0	0	40.00
41.00	Deferred income	356,171	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	618,351	0	0	0	43.00
44.00	Other current liabilities	2,000,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	42,107,590	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	162,080,572	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	162,080,572	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	204,188,162	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	411,073,028				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	411,073,028	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	615,261,190	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G-1

Date/Time Prepared:  
11/27/2017 2:06 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		392,708,203		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		19,114,777			2.00
3.00	Total (sum of line 1 and line 2)		411,822,980		0	3.00
4.00	RECONCILING	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		411,822,980		0	11.00
12.00	NONOPERATING	749,952		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		749,952		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		411,073,028		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	RECONCILING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	NONOPERATING		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/27/2017 2:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	81,792,129		81,792,129	1.00
2.00	SUBPROVIDER - IPF	8,588,153		8,588,153	2.00
3.00	SUBPROVIDER - IRF	6,742,302		6,742,302	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)	97,122,584		97,122,584	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,718,051		18,718,051	11.00
12.00	CORONARY CARE UNIT				12.00
12.01	NICU	4,509,480		4,509,480	12.01
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	23,227,531		23,227,531	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	120,350,115		120,350,115	17.00
18.00	Ancillary services	330,432,885	389,515,533	719,948,418	18.00
19.00	Outpatient services	0	89,914,885	89,914,885	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	SUPPLIES	94,247,742	61,688,345	155,936,087	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	545,030,742	541,118,763	1,086,149,505	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		341,216,115		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		341,216,115		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G-3

Date/Time Prepared:  
11/27/2017 2:06 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,086,149,505	1.00
2.00	Less contractual allowances and discounts on patients' accounts	739,337,028	2.00
3.00	Net patient revenues (line 1 minus line 2)	346,812,477	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	341,216,115	4.00
5.00	Net income from service to patients (line 3 minus line 4)	5,596,362	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	6,226,441	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	178,607	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	199,668	14.00
15.00	Revenue from rental of living quarters	353,753	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	INTERCOMPANY REVENUE	1,423,004	24.00
24.01	OUTREACH REVENUE	3,173,558	24.01
24.02	MISCELLANEOUS REVENUE	1,576,833	24.02
24.03	GRANT REVENUE	51,583	24.03
24.04	INTEREST INCOME - RELATED	262,384	24.04
24.05	SPONSOR REVENUE	72,584	24.05
24.06		0	24.06
25.00	Total other income (sum of lines 6-24)	13,518,415	25.00
26.00	Total (line 5 plus line 25)	19,114,777	26.00
27.00	ROUNDING	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	19,114,777	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 16-0033

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet 1-5

Date/Time Prepared:  
11/27/2017 2:06 pm

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

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0033	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/27/2017 2:06 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,884,343	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		177,593	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		164.90	3.00
4.00	Number of interns & residents (see instructions)		14.82	4.00
5.00	Indirect medical education percentage (see instructions)		2.57	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		125,528	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.60	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.76	8.00
9.00	Sum of lines 7 and 8		25.36	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.27	10.00
11.00	Disproportionate share adjustment (see instructions)		257,405	11.00
12.00	Total prospective capital payments (see instructions)		5,444,869	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00