

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: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/31/2017 1:17 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report
 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
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.

8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/31/2017 Time: 1:17 pm

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 FRANCSAN HEALTH- DYER (15-0090) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	597,327	-35,556	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-6,014	0		4,566	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	591,313	-35,556	0	4,566	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: 15-0090		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/31/2017 12:28 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 24 JOLIET STREET			PO Box:						1.00	
2.00	City: DYER			State: IN		Zip Code: 46311-1799		County: LAKE		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		FRANCISCAN HEALTH- DYER	150090	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		FRANCISCAN HEALTH - DYER -REHAB	15T090	23844	5	01/01/2002	N	P	T	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)						01/01/2016	12/31/2016		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	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.							2 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 IPFS 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.	2,279	585	874	483	0	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	203	200	40	22	0			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/31/2017 12:28 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)					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)	Y		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		Y		N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N		N	46.00
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N		N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		N	48.00
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y					56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N					59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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

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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		N	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	
						1.00	
						2.00	
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	542,484		554,930		0	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.04		122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/31/2017 12:28 pm		
		1.00	2.00					
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00	
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	158014				140.00	
		1.00	2.00	3.00				
141.00	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.							
	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101			141.00	
142.00	Street: 1515 DRAGOON TRAIL	PO Box:	-				142.00	
143.00	City: MISHAWAKA	State:	IN	Zip Code:	46546		143.00	
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y				144.00	
		1.00	2.00					
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	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			
155.00	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)	N	N	N	N		155.00	
156.00	Hospital	N	N	N	N		156.00	
157.00	Subprovider - IPF	N	N	N	N		157.00	
158.00	Subprovider - IRF	N	N	N	N		158.00	
159.00	SUBPROVIDER						159.00	
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	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	
167.00	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 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)						168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/31/2017 12:28 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)	01/01/2016	03/30/2016	170.00
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: 15-0090		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/31/2017 12:28 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	05/03/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	04/04/2017	Y	04/04/2017		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: 15-0090

Period:
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Worksheet S-2
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		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HONG		YANG		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCSAN ALLIANCE INC				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(219) 932 - 2300 X33175		HONG.YANG@FRANCSANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0090

Period:
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Worksheet S-2
Part II
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL 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: 15-0090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2017 12:28 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	111	40,626	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)		111	40,626	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,124	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	7	2,562	0.00	0	9.00
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)		132	48,312	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,980		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	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)		162				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: 15-0090

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To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,626	3,765	18,683			1.00
2.00 HMO and other (see instructions)	2,067	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	627	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,626	3,765	18,683			7.00
8.00 INTENSIVE CARE UNIT	1,256	456	2,444			8.00
9.00 CORONARY CARE UNIT	0	0	690			9.00
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		0	797			13.00
14.00 Total (see instructions)	10,882	4,221	22,614	11.06	817.70	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	5,101	465	7,545	0.00	31.88	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				11.06	849.58	27.00
28.00 Observation Bed Days		659	4,097			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

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Worksheet S-3
Part I
Date/Time Prepared:
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Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,279	872	4,835	1.00
2.00 HMO and other (see instructions)			378	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,279	872	4,835	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	407	39	638	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0090		Period: From 01/01/2016 To 12/31/2016		Worksheet S-3 Part II Date/Time Prepared: 5/31/2017 12:28 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	55,385,443	0	55,385,443	1,802,822.00	30.72	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)		0	0	0	0.00	0.00	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)		8,922,641	242	8,922,883	344,752.00	25.88	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		1,980,239	0	1,980,239	35,305.00	56.09	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		257,195	0	257,195	2,186.00	117.66	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		6,884,159	0	6,884,159	212,797.00	32.35	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
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		13,567,819	0	13,567,819			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,542,754	0	3,542,754			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		2,181,520	0	2,181,520			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	873,583	0	873,583	35,703.00	24.47	26.00
27.00	Administrative & General	5.00	4,158,363	0	4,158,363	111,092.00	37.43	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0090

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

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2017 12:28 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.)		139,520	0	139,520	3,069.00	45.46	28.00
29.00	Maintenance & Repairs	6.00	1,189,039	0	1,189,039	37,869.00	31.40	29.00
30.00	Operation of Plant	7.00	367,048	0	367,048	43,952.00	8.35	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,335,940	0	1,335,940	99,032.00	13.49	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	830,158	-461,230	368,928	24,834.44	14.86	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	461,230	461,230	31,047.73	14.86	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,823,596	0	1,823,596	44,002.00	41.44	38.00
39.00	Central Services and Supply	14.00	377,719	0	377,719	19,090.00	19.79	39.00
40.00	Pharmacy	15.00	1,912,488	0	1,912,488	46,453.00	41.17	40.00
41.00	Medical Records & Medical Records Library	16.00	195,933	0	195,933	6,335.00	30.93	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0090

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

Worksheet S-3
Part III
Date/Time Prepared:
5/31/2017 12:28 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	55,524,963	0	55,524,963	1,805,891.00	30.75	1.00
2.00	Excluded area salaries (see instructions)	8,922,641	242	8,922,883	344,752.00	25.88	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,602,322	-242	46,602,080	1,461,139.00	31.89	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,121,593	0	9,121,593	250,288.00	36.44	4.00
5.00	Subtotal wage-related costs (see inst.)	15,749,339	0	15,749,339	0.00	33.80	5.00
6.00	Total (sum of lines 3 thru 5)	71,473,254	-242	71,473,012	1,711,427.00	41.76	6.00
7.00	Total overhead cost (see instructions)	13,203,387	0	13,203,387	502,479.17	26.28	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2017 12:28 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			5,977,918 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
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			5,495,400 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			0 9.00
10.00	Dental, Hearing and Vision Plan			-15,853 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			72,999 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)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			141,879 14.00
15.00	'Workers' Compensation Insurance			1,362,031 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,992,976 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			20,069 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			63,156 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			17,110,575 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/31/2017 12:28 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital -Based SNF			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			17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/31/2017 12:28 pm	
			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.252057	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			8,523,753	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			74,332,125	6.00
7.00	Medicaid cost (line 1 times line 6)			18,735,932	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)			10,212,179	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			10,212,179	19.00
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)	5,301,933	10,186,899	15,488,832	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	1,336,389	2,567,679	3,904,068	21.00
22.00	Partial payment by patients approved for charity care	22,100	615,400	637,500	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,314,289	1,952,279	3,266,568	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?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			6,972,839	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			382,457	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			6,590,382	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,661,152	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,927,720	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,139,899	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0090

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

Worksheet A
Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		8,785,040	8,785,040	-3,978,180	4,806,860	1.00
2.00	00200		0	0	3,680,799	3,680,799	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	873,583	14,719,162	15,592,745	0	15,592,745	4.00
5.01	01160	178,560	784,667	963,227	0	963,227	5.01
5.02	00570	91,920	1,264,727	1,356,647	0	1,356,647	5.02
5.03	00590	0	2,430,912	2,430,912	0	2,430,912	5.03
5.04	00591	3,887,883	4,376,964	8,264,847	-257,568	8,007,279	5.04
6.00	00600	1,189,039	2,875,905	4,064,944	0	4,064,944	6.00
7.00	00700	367,048	2,932,117	3,299,165	0	3,299,165	7.00
8.00	00800	0	331,645	331,645	0	331,645	8.00
9.00	00900	1,335,940	236,347	1,572,287	0	1,572,287	9.00
10.00	01000	830,158	509,700	1,339,858	-744,416	595,442	10.00
11.00	01100	0	0	0	744,416	744,416	11.00
13.00	01300	1,823,596	27,702	1,851,298	-54	1,851,244	13.00
14.00	01400	377,719	1,025,018	1,402,737	-43,313	1,359,424	14.00
15.00	01500	1,912,488	6,947,099	8,859,587	-4,371,149	4,488,438	15.00
16.00	01600	195,933	1,282,283	1,478,216	0	1,478,216	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	1,321,408	1,321,408	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,769,036	1,116,005	11,885,041	-1,170,612	10,714,429	30.00
31.00	03100	1,729,455	679,539	2,408,994	-96,292	2,312,702	31.00
32.00	02060	759,286	575,128	1,334,414	-3,228	1,331,186	32.00
41.00	04100	2,071,338	4,890,128	6,961,466	-43,299	6,918,167	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	953,400	953,400	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,626,268	10,527,267	12,153,535	-7,461,561	4,691,974	50.00
50.01	05001	915,270	718,134	1,633,404	-325,735	1,307,669	50.01
51.00	05100	419,002	220,686	639,688	-30,837	608,851	51.00
53.00	05300	49,417	3,206,350	3,255,767	-157,567	3,098,200	53.00
54.00	05400	1,386,382	1,173,049	2,559,431	-21,902	2,537,529	54.00
54.01	05401	805,105	623,009	1,428,114	-330,230	1,097,884	54.01
55.00	05500	683,753	221,135	904,888	-3,100	901,788	55.00
56.00	05600	281,635	424,210	705,845	13,811	719,656	56.00
60.00	06000	0	6,171,768	6,171,768	0	6,171,768	60.00
63.00	06300	0	340,429	340,429	0	340,429	63.00
65.00	06500	862,886	1,559,508	2,422,394	-66,460	2,355,934	65.00
66.00	06600	2,565,186	4,903,216	7,468,402	-7,958	7,460,444	66.00
67.00	06700	356,918	82,429	439,347	-8,931	430,416	67.00
68.00	06800	250,297	69,884	320,181	-59,843	260,338	68.00
69.00	06900	622,970	109,552	732,522	2,634	735,156	69.00
70.00	07000	93,568	19,117	112,685	-231	112,454	70.00
71.00	07100	0	0	0	4,795,503	4,795,503	71.00
72.00	07200	0	0	0	8,366,216	8,366,216	72.00
73.00	07300	0	0	0	4,371,149	4,371,149	73.00
76.00	03630	369,363	121,303	490,666	-12,097	478,569	76.00
76.01	03951	485,552	98,153	583,705	-57,886	525,819	76.01
76.02	03952	1,065,325	4,597,299	5,662,624	-3,981,273	1,681,351	76.02
76.03	03953	2,049,599	18,563	2,068,162	0	2,068,162	76.03
76.04	03954	244,008	89,011	333,019	-58,254	274,765	76.04
76.05	03340	374,905	185,513	560,418	-427	559,991	76.05
76.06	03030	0	0	0	0	0	76.06
76.07	03950	92,024	0	92,024	0	92,024	76.07
76.08	03955	295,869	46,695	342,564	0	342,564	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	4,245,856	590,308	4,836,164	-284,302	4,551,862	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		5,646,694	5,646,694	-672,873	4,973,821	113.00
118.00		48,534,140	97,553,370	146,087,510	-242	146,087,268	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	20,347	73,224	93,571	0	93,571	190.00
192.00	19200	4,417,763	763,748	5,181,511	242	5,181,753	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	2,406,062	425,292	2,831,354	0	2,831,354	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	7,131	0	7,131	0	7,131	194.03
200.00		55,385,443	98,815,634	154,201,077	0	154,201,077	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0090

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

Worksheet A
Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,792,097	6,598,957	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,680,799	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,311,443	18,904,188	4.00
5.01	01160	COMMUNICATIONS	-11,529	951,698	5.01
5.02	00570	ADMITTING	-180,269	1,176,378	5.02
5.03	00590	PATIENT ACCOUNTING	-205,992	2,224,920	5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL	9,525,873	17,533,152	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	4,064,944	6.00
7.00	00700	OPERATION OF PLANT	0	3,299,165	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	331,645	8.00
9.00	00900	HOUSEKEEPING	0	1,572,287	9.00
10.00	01000	DIETARY	-84,764	510,678	10.00
11.00	01100	CAFETERIA	-468,333	276,083	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,851,244	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-201,244	1,158,180	14.00
15.00	01500	PHARMACY	-1,565,245	2,923,193	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-182,364	1,295,852	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-226,356	1,095,052	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-218,479	10,495,950	30.00
31.00	03100	INTENSIVE CARE UNIT	-49,782	2,262,920	31.00
32.00	02060	CORONARY CARE UNIT	-3,919	1,327,267	32.00
41.00	04100	SUBPROVIDER - I&R	-3,523,535	3,394,632	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	953,400	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-528,856	4,163,118	50.00
50.01	05001	OUTPATIENT SURGERY	-56,121	1,251,548	50.01
51.00	05100	RECOVERY ROOM	0	608,851	51.00
53.00	05300	ANESTHESIOLOGY	-8,235	3,089,965	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-343,476	2,194,053	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	-89,340	1,008,544	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-5,438	896,350	55.00
56.00	05600	RADIOISOTOPE	-13,913	705,743	56.00
60.00	06000	LABORATORY	-901,064	5,270,704	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-13,830	326,599	63.00
65.00	06500	RESPIRATORY THERAPY	-1,106,728	1,249,206	65.00
66.00	06600	PHYSICAL THERAPY	-1,520,809	5,939,635	66.00
67.00	06700	OCCUPATIONAL THERAPY	-767	429,649	67.00
68.00	06800	SPEECH PATHOLOGY	-552	259,786	68.00
69.00	06900	ELECTROCARDIOLOGY	-78,478	656,678	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-4,254	108,200	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,795,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,366,216	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,371,149	73.00
76.00	03630	ULTRA SOUND	-80,762	397,807	76.00
76.01	03951	PAIN CLINIC	0	525,819	76.01
76.02	03952	CATH LAB	-946	1,680,405	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	2,068,162	76.03
76.04	03954	WOUND CARE CENTER	-3,411	271,354	76.04
76.05	03340	BARITRIC CLINIC	-32,723	527,268	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	92,024	76.07
76.08	03955	ANTI COAGULATION CLINIC	-6,000	336,564	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-23,351	4,528,511	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-4,973,821	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-2,085,273	144,001,995	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	93,571	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,181,753	192.00
192.01	19201	WORKING WELL	0	0	192.01
194.00	07950	RESIDENTIAL	0	2,831,354	194.00
194.01	07951	OMNI	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	194.02
194.03	07953	CENTER OF HOPE	0	7,131	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-2,085,273	152,115,804	200.00

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6
Date/Time Prepared:
5/31/2017 12:28 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAPITAL						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,680,799	1.00	
	TOTALS		0	3,680,799		
B - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	670,972	1.00	
	TOTALS		0	670,972		
C - CAFETERIA						
1.00	CAFETERIA	11.00	461,230	283,186	1.00	
	TOTALS		461,230	283,186		
D - INSURANCE EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	970,254	1.00	
	TOTALS		0	970,254		
E - PATIENT TRANSPORT						
1.00	ADULTS & PEDIATRICS	30.00	8,343	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	46,549	0	2.00	
3.00	RADIOISOTOPE	56.00	14,147	0	3.00	
4.00	ELECTROCARDIOLOGY	69.00	3,263	0	4.00	
5.00	ULTRASOUND	76.00	5,804	0	5.00	
6.00	CATH LAB	76.02	3,082	0	6.00	
7.00	EMERGENCY	91.00	5,180	0	7.00	
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	242	0	8.00	
	TOTALS		86,610	0		
F - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,161,719	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
	TOTALS		0	13,161,719		
G - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,371,149	1.00	
	TOTALS		0	4,371,149		
H - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,321,408	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	1,321,408		
I - NURSERY						
1.00	NURSERY	43.00	886,718	66,682	1.00	
	TOTALS		886,718	66,682		
J - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,366,216	1.00	
	TOTALS		0	8,366,216		
K - OTHER CAPITAL						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,901	1.00	
	TOTALS		0	1,901		
500.00	Grand Total: Increases		1,434,558	32,894,286	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6
Date/Time Prepared:
5/31/2017 12:28 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CAPITAL						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,680,799	9	1.00
	TOTALS		0	3,680,799		
B - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	670,972	11	1.00
	TOTALS		0	670,972		
C - CAFETERIA						
1.00	DIETARY	10.00	461,230	283,186	0	1.00
	TOTALS		461,230	283,186		
D - INSURANCE EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	970,254	9	1.00
	TOTALS		0	970,254		
E - PATIENT TRANSPORT						
1.00	EMERGENCY	91.00	86,610	0	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		86,610	0	0	
F - CHARGEABLE SUPPLIES						
1.00	NURSING ADMINISTRATION	13.00	0	54	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	43,313	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	225,555	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	96,292	0	4.00
5.00	CORONARY CARE UNIT	32.00	0	3,228	0	5.00
6.00	SUBPROVIDER - IRF	41.00	0	43,299	0	6.00
7.00	OPERATING ROOM	50.00	0	7,461,561	0	7.00
8.00	OUTPATIENT SURGERY	50.01	0	325,735	0	8.00
9.00	RECOVERY ROOM	51.00	0	30,837	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	157,567	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	68,451	0	11.00
12.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	330,230	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,100	0	13.00
14.00	RADIOISOTOPE	56.00	0	336	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	66,460	0	15.00
16.00	PHYSICAL THERAPY	66.00	0	7,958	0	16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	8,931	0	17.00
18.00	SPEECH PATHOLOGY	68.00	0	59,843	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	629	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	231	0	20.00
21.00	ULTRA SOUND	76.00	0	17,901	0	21.00
22.00	PAIN CLINIC	76.01	0	57,886	0	22.00
23.00	CATH LAB	76.02	0	3,984,355	0	23.00
24.00	WOUND CARE CENTER	76.04	0	58,254	0	24.00
25.00	BARITRIC CLINIC	76.05	0	427	0	25.00
26.00	EMERGENCY	91.00	0	109,286	0	26.00
	TOTALS		0	13,161,719		
G - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	4,371,149	0	1.00
	TOTALS		0	4,371,149		
H - INTERNS AND RESIDENTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	500	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,227,322	0	2.00
3.00	EMERGENCY	91.00	0	93,586	0	3.00
	TOTALS		0	1,321,408		
I - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	886,718	66,682	0	1.00
	TOTALS		886,718	66,682		
J - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,366,216	0	1.00
	TOTALS		0	8,366,216		
K - OTHER CAPITAL						
1.00	INTEREST EXPENSE	113.00	0	1,901	14	1.00
	TOTALS		0	1,901		
500.00	Grand Total: Decreases		1,434,558	32,894,286		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part I
Date/Time Prepared:
5/31/2017 12:28 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	347,972	0	0	0	0	1.00
2.00	Land Improvements	9,475,045	0	0	0	0	2.00
3.00	Buildings and Fixtures	68,407,984	0	0	0	0	3.00
4.00	Building Improvements	1,512,208	0	0	0	0	4.00
5.00	Fixed Equipment	137,441,316	8,831,338	515,307	9,346,645	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	217,184,525	8,831,338	515,307	9,346,645	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	217,184,525	8,831,338	515,307	9,346,645	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	347,972	0				1.00
2.00	Land Improvements	9,475,045	3,870,922				2.00
3.00	Buildings and Fixtures	68,407,984	32,971,333				3.00
4.00	Building Improvements	1,512,208	43,055				4.00
5.00	Fixed Equipment	146,787,961	29,673,245				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	226,531,170	66,558,555				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	226,531,170	66,558,555				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part II
Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	7,814,786	0	0	970,254	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,814,786	0	0	970,254	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	8,785,040				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,785,040				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part III
Date/Time Prepared:
5/31/2017 12:28 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	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	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	4,955,830	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,680,799	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,636,629	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	670,972	970,254	0	1,901	6,598,957	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,680,799	2.00
3.00	Total (sum of lines 1-2)	670,972	970,254	0	1,901	10,279,756	3.00

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)	B	-670		INTEREST EXPENSE	113.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-93,615		CENTRAL SERVICES & SUPPLY	14.00	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	-700,758				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	739,819				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-468,333		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines	B	-18,931		DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)				*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - 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			OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 RENTAL INCOME	B	-7,129		OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
34.00 MISC INCOME	B	-593	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 34.00	
35.00 DIETETIC INSTRUCTION	B	-1,610	DIETARY	10.00	0 35.00	
36.00 SPECIAL FUNCTIONS	B	-61,740	DIETARY	10.00	0 36.00	
37.00 ADVERTISING EXPENSE	A	-621	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 37.00	
38.00 MISCELLANEOUS - OTHER OPERATING	B	-3,510	RADIOLOGY-DIAGNOSTIC	54.00	0 38.00	
40.00 MISCELLANEOUS - OTHER OPERATING	B	-11,529	COMMUNICATIONS	5.01	0 40.00	
41.00 MISCELLANEOUS - OTHER OPERATING	B	-13,637	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 41.00	
42.00 PROGRAM FEES	B	-20,733	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 42.00	
43.00 UNECESSARY BORROWING	A	-1,176,575	INTEREST EXPENSE	113.00	0 43.00	
44.00 LOBBYING EXPENSE	A	-1,925	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 44.00	
45.00 DISCOUNTS EARNED/REBATES	B	-2,483	DIETARY	10.00	0 45.00	
46.00 PENSION ADJUSTMENT	A	3,311,443	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.00	
47.00 DISCOUNTS EARNED/REBATES	B	-39,340	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 47.00	
48.00 DISCOUNTS EARNED/REBATES	B	-25,857	CENTRAL SERVICES & SUPPLY	14.00	0 48.00	
49.00 DISCOUNTS EARNED/REBATES	B	-174,161	PHARMACY	15.00	0 49.00	
49.01 DISCOUNTS EARNED/REBATES	B	-172,886	OPERATING ROOM	50.00	0 49.01	
49.02 DISCOUNTS EARNED/REBATES	B	-54,512	RADIOLOGY-DIAGNOSTIC	54.00	0 49.02	
49.03 DISCOUNTS EARNED/REBATES	B	-7,266	LABORATORY	60.00	0 49.03	
49.04 DISCOUNTS EARNED/REBATES	B	-5,007	RESPIRATORY THERAPY	65.00	0 49.04	
49.05 DISCOUNTS EARNED/REBATES	B	-13,922	PHYSICAL THERAPY	66.00	0 49.05	
49.06 RENTAL INCOME	B	-15,113	PHYSICAL THERAPY	66.00	0 49.06	
49.07 DIETETIC INSTRUCTION	B	-32,723	BARITRIC CLINIC	76.05	0 49.07	
49.08 PODIATRIC RESIDENT COORDINATOR	A	-226,356	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 49.08	
49.09 HAF FEES	A	-2,762,412	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 49.09	
49.10 PROPERTY TAX	A	-22,588	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 49.10	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,085,273			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: 15-0090

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

Worksheet A-8-1

Date/Time Prepared: 5/31/2017 12:28 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	1,792,097	0
2.00	5.02	ADMINISTRATIVE	ADMINISTRATIVE	1,084,099	1,264,368
3.00	5.03	PATIENT ACCOUNTING	PATIENT ACCOUNTING	1,238,793	1,444,785
4.00	5.04	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	9,564,970	11,155,480
4.01	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	329,822	384,667
4.02	15.00	PHARMACY	COEP / PHARMACY	256,094	247,716
4.03	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1,022,898	1,205,262
4.04	113.00	INTEREST EXPENSE	INTEREST	1,831,475	5,628,051
4.05	5.04	OTHER ADMINISTRATIVE AND GEN	ELIMINATIONS	0	-14,109,516
4.06	14.00	CENTRAL SERVICES & SUPPLY	SPD	14,644	41,571
4.07	15.00	PHARMACY	PHARMACY	351,379	1,750,841
4.08	30.00	ADULTS & PEDIATRICS	NEPHROLOGY	0	197,469
4.09	41.00	SUBPROVIDER - IRF	REHABILITATION	0	4,676,967
4.10	50.00	OPERATING ROOM	OPERATING ROOM	-1,961	-7,251
4.11	50.00	OPERATING ROOM	ORTHOPEDICS	220	814
4.12	50.01	OUTPATIENT SURGERY	ENDOSCOPY	6,334	15,771
4.13	53.00	ANESTHESIOLOGY	ANESTHESIOLOGY	4,400	12,635
4.14	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY DIAGNOSTIC	33,515	115,521
4.15	54.00	RADIOLOGY-DIAGNOSTIC	COMPUTED TOMOGRAPHY	55,795	192,319
4.16	54.00	RADIOLOGY-DIAGNOSTIC	MRI	27,351	94,275
4.17	54.01	RADIOLOGY-SPECIAL PROCEDURES	RADIOLOGY-SPECIAL PROCEDURES	24,886	114,226
4.18	55.00	RADIOLOGY-THERAPEUTIC	RADIATION ONCOLOGY	3,456	8,894
4.19	56.00	RADIOISOTOPE	NUCLEAR MEDICINE	3,018	16,931
4.20	60.00	LABORATORY	CHEMISTRY	163,400	1,035,040
4.21	63.00	BLOOD STORAGE, PROCESSING &	BLOOD BANK	2,892	16,722
4.22	65.00	RESPIRATORY THERAPY	RESPIRATORY THERAPY	196,926	1,288,161
4.23	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	7,629	11,505
4.24	66.00	PHYSICAL THERAPY	REHABILITATION THERAPY	2,873,169	4,332,877
4.25	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	306	1,073
4.26	68.00	SPEECH PATHOLOGY	SPEECH THERAPY	691	1,243
4.27	69.00	ELECTROCARDIOLOGY	NON INVASIVE VASCULAR	4,661	63,576
4.28	69.00	ELECTROCARDIOLOGY	CARDIAC REHAB	1,547	21,110
4.29	70.00	ELECTROENCEPHALOGRAPHY	NEURO DIAGNOSTICS	13,245	17,499
4.30	76.00	ULTRASOUND	ULTRASOUND	8,965	89,727
4.31	41.00	SUBPROVIDER - IRF	REHABILITATION OVERHEAD	1,153,432	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,070,148	21,330,329

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

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

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

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

6.00	B	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

Provider CCN: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2017 12:28 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: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2017 12:28 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,792,097	9		1.00
2.00	-180,269	0		2.00
3.00	-205,992	0		3.00
4.00	-1,590,510	0		4.00
4.01	-54,845	0		4.01
4.02	8,378	0		4.02
4.03	-182,364	0		4.03
4.04	-3,796,576	0		4.04
4.05	14,109,516	0		4.05
4.06	-26,927	0		4.06
4.07	-1,399,462	0		4.07
4.08	-197,469	0		4.08
4.09	-4,676,967	0		4.09
4.10	5,290	0		4.10
4.11	-594	0		4.11
4.12	-9,437	0		4.12
4.13	-8,235	0		4.13
4.14	-82,006	0		4.14
4.15	-136,524	0		4.15
4.16	-66,924	0		4.16
4.17	-89,340	0		4.17
4.18	-5,438	0		4.18
4.19	-13,913	0		4.19
4.20	-871,640	0		4.20
4.21	-13,830	0		4.21
4.22	-1,091,235	0		4.22
4.23	-3,876	0		4.23
4.24	-1,459,708	0		4.24
4.25	-767	0		4.25
4.26	-552	0		4.26
4.27	-58,915	0		4.27
4.28	-19,563	0		4.28
4.29	-4,254	0		4.29
4.30	-80,762	0		4.30
4.31	1,153,432	0		4.31
5.00	739,819			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	HEALTHCARE SERV		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/31/2017 12:28 pm
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	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0090

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

Worksheet A-8-2

Date/Time Prepared:
5/31/2017 12:28 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	5.04	OTHER ADMINISTRATIVE AND GENERAL	153,875	114,875	39,000	197,500	313	1.00
2.00	30.00	ADULTS & PEDIATRICS	21,010	21,010	0	197,500	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	59,182	45,520	13,662	197,500	99	3.00
4.00	32.00	CORONARY CARE UNIT	9,996	0	9,996	197,500	64	4.00
5.00	50.00	OPERATING ROOM	360,666	360,666	0	246,400	0	5.00
6.00	50.01	OUTPATIENT SURGERY	20,160	18,480	1,680	246,400	14	6.00
7.00	50.01	OUTPATIENT SURGERY	29,960	27,000	2,960	246,400	15	7.00
8.00	60.00	LABORATORY	40,199	14,499	25,700	197,500	190	8.00
9.00	65.00	RESPIRATORY THERAPY	12,480	9,815	2,665	197,500	21	9.00
10.00	66.00	PHYSICAL THERAPY	28,190	28,190	0	197,500	0	10.00
11.00	76.02	CATH LAB	2,750	280	2,470	197,500	19	11.00
12.00	76.04	WOUND CARE CENTER	4,455	3,245	1,210	197,500	11	12.00
13.00	76.08	ANTI COAGULATION CLINIC	6,000	6,000	0	197,500	0	13.00
14.00	91.00	EMERGENCY	76,749	325	76,424	197,500	660	14.00
15.00	91.00	EMERGENCY	9,270	9,270	0	197,500	0	15.00
200.00			834,942	659,175	175,767		1,406	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	29,720	1,486	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	9,400	470	0	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	6,077	304	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	50.01	OUTPATIENT SURGERY	1,659	83	0	0	0	6.00
7.00	50.01	OUTPATIENT SURGERY	1,777	89	0	0	0	7.00
8.00	60.00	LABORATORY	18,041	902	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	1,994	100	0	0	0	9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	10.00
11.00	76.02	CATH LAB	1,804	90	0	0	0	11.00
12.00	76.04	WOUND CARE CENTER	1,044	52	0	0	0	12.00
13.00	76.08	ANTI COAGULATION CLINIC	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	62,668	3,133	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
200.00			134,184	6,709	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	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	29,720	9,280	124,155	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	21,010	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	9,400	4,262	49,782	3.00
4.00	32.00	CORONARY CARE UNIT	0	6,077	3,919	3,919	4.00
5.00	50.00	OPERATING ROOM	0	0	0	360,666	5.00
6.00	50.01	OUTPATIENT SURGERY	0	1,659	21	18,501	6.00
7.00	50.01	OUTPATIENT SURGERY	0	1,777	1,183	28,183	7.00
8.00	60.00	LABORATORY	0	18,041	7,659	22,158	8.00
9.00	65.00	RESPIRATORY THERAPY	0	1,994	671	10,486	9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	28,190	10.00
11.00	76.02	CATH LAB	0	1,804	666	946	11.00
12.00	76.04	WOUND CARE CENTER	0	1,044	166	3,411	12.00
13.00	76.08	ANTI COAGULATION CLINIC	0	0	0	6,000	13.00
14.00	91.00	EMERGENCY	0	62,668	13,756	14,081	14.00
15.00	91.00	EMERGENCY	0	0	0	9,270	15.00
200.00			0	134,184	41,583	700,758	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	6,598,957	6,598,957			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,680,799		3,680,799		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,904,188	22,624	2,802	18,929,614	4.00
5.01 01160	COMMUNICATIONS	951,698	24,294	1,199	62,006	1,039,197
5.02 00570	ADMINISTRATIVE	1,176,378	55,278	5,485	31,920	16,974
5.03 00590	PATIENT ACCOUNTING	2,224,920	11,852	1,570	0	120,705
5.04 00591	OTHER ADMINISTRATIVE AND GENERAL	17,533,152	351,008	86,368	1,350,095	114,104
6.00 00600	MAINTENANCE & REPAIRS	4,064,944	996,485	15,137	412,902	40,549
7.00 00700	OPERATION OF PLANT	3,299,165	280,204	5,963	127,460	9,430
8.00 00800	LAUNDRY & LINEN SERVICE	331,645	0	0	0	0
9.00 00900	HOUSEKEEPING	1,572,287	75,588	4,012	463,915	0
10.00 01000	DIETARY	510,678	66,681	16,853	128,113	10,373
11.00 01100	CAFETERIA	276,083	96,263	0	160,165	16,974
13.00 01300	NURSING ADMINISTRATION	1,851,244	10,183	53,887	633,256	10,373
14.00 01400	CENTRAL SERVICES & SUPPLY	1,158,180	85,855	101,872	131,166	10,373
15.00 01500	PHARMACY	2,923,193	47,928	1,852	664,125	27,347
16.00 01600	MEDICAL RECORDS & LIBRARY	1,295,852	68,533	2,322	68,039	132,969
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,095,052	0	0	0	8,487
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	10,495,950	1,141,994	432,476	3,434,593	65,068
31.00 03100	INTENSIVE CARE UNIT	2,262,920	139,295	185,712	600,565	6,601
32.00 02060	CORONARY CARE UNIT	1,327,267	7,476	12,712	263,667	0
41.00 04100	SUBPROVIDER - I&R	3,394,632	83,288	21,358	719,287	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	953,400	0	0	307,919	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,163,118	231,266	785,479	564,733	31,119
50.01 05001	OUTPATIENT SURGERY	1,251,548	197,532	149,573	317,834	0
51.00 05100	RECOVERY ROOM	608,851	77,860	16,332	145,501	7,544
53.00 05300	ANESTHESIOLOGY	3,089,965	7,981	139,924	17,160	1,886
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,194,053	201,712	224,159	497,595	39,606
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	1,008,544	21,629	215,992	279,578	0
55.00 05500	RADIOLOGY-THERAPEUTIC	896,350	128,649	104,809	237,438	0
56.00 05600	RADIOISOTOPE	705,743	69,164	90,140	102,712	12,259
60.00 06000	LABORATORY	5,270,704	96,894	4,540	0	35,834
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	326,599	39,708	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,249,206	45,670	45,387	299,643	10,373
66.00 06600	PHYSICAL THERAPY	5,939,635	20,366	19,012	890,779	10,373
67.00 06700	OCCUPATIONAL THERAPY	429,649	7,799	223	123,942	943
68.00 06800	SPEECH PATHOLOGY	259,786	0	6,979	86,917	943
69.00 06900	ELECTROCARDIOLOGY	656,678	53,412	96,421	217,464	20,746
70.00 07000	ELECTROENCEPHALOGRAPHY	108,200	73,806	17,235	32,492	7,544
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,795,503	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,366,216	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	4,371,149	0	0	0	0
76.00 03630	ULTRA SOUND	397,807	32,106	177,763	130,279	0
76.01 03951	PAIN CLINIC	525,819	172,846	20,714	168,611	1,886
76.02 03952	CATH LAB	1,680,405	126,770	377,802	371,012	0
76.03 03953	ACTIVITY THERAPEUTIC	2,068,162	80,034	157	711,738	6,601
76.04 03954	WOUND CARE CENTER	271,354	89,263	2,501	84,733	7,544
76.05 03340	BARITRIC CLINIC	527,268	27,029	2,170	130,188	7,544
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	0
76.07 03950	CV RESOURCE CENTER	92,024	0	0	31,956	0
76.08 03955	ANTI COAGULATION CLINIC	336,564	6,172	300	102,743	0
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	4,528,511	225,571	163,626	1,446,126	22,632
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	144,001,995	5,598,068	3,612,818	16,550,367	815,704
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	93,571	12,245	0	7,066	4,715
192.00 19200	PHYSICIANS' PRIVATE OFFICES	5,181,753	192,118	1,803	1,534,183	86,757
192.01 19201	WORKING WELL	0	0	0	0	0
194.00 07950	RESIDENTIAL	2,831,354	425,095	16,425	835,522	44,321
194.01 07951	OMNI	0	0	0	0	0
194.02 07952	PSYCHIATRIC	0	371,431	49,753	0	87,700

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.03 07953 CENTER OF HOPE	7,131	0	0	2,476	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	152,115,804	6,598,957	3,680,799	18,929,614	1,039,197	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 01160						5.01
5.02 00570	1,286,035					5.02
5.03 00590	0	2,359,047				5.03
5.04 00591	0	0	19,434,727	19,434,727		5.04
6.00 00600	0	0	5,530,017	810,020	6,340,037	6.00
7.00 00700	0	0	3,722,222	545,220	345,797	7.00
8.00 00800	0	0	331,645	48,578	0	8.00
9.00 00900	0	0	2,115,802	309,916	93,282	9.00
10.00 01000	0	0	732,698	107,323	82,290	10.00
11.00 01100	0	0	549,485	80,487	118,797	11.00
13.00 01300	0	0	2,558,943	374,826	12,567	13.00
14.00 01400	0	0	1,487,446	217,877	105,953	14.00
15.00 01500	0	0	3,664,445	536,757	59,147	15.00
16.00 01600	0	0	1,567,715	229,634	84,575	16.00
17.00 01700	0	0	0	0	0	17.00
22.00 02200	0	0	1,103,539	161,643	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	81,050	148,692	15,799,823	2,314,313	1,409,327	30.00
31.00 03100	18,233	33,449	3,246,775	475,578	171,903	31.00
32.00 02060	6,994	12,831	1,630,947	238,896	9,226	32.00
41.00 04100	33,434	61,337	4,313,336	631,805	102,785	41.00
42.00 04200	0	0	0	0	0	42.00
43.00 04300	7,430	13,631	1,282,380	187,839	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	104,023	190,838	6,070,576	889,200	285,403	50.00
50.01 05001	30,698	56,318	2,003,503	293,467	243,773	50.01
51.00 05100	14,808	27,167	898,063	131,546	96,086	51.00
53.00 05300	42,362	77,715	3,376,993	494,652	9,849	53.00
54.00 05400	119,252	218,777	3,495,154	511,960	248,931	54.00
54.01 05401	24,729	45,367	1,595,839	233,754	26,692	54.01
55.00 05500	23,370	42,873	1,433,489	209,973	158,765	55.00
56.00 05600	24,095	44,204	1,048,317	153,554	85,354	56.00
60.00 06000	125,924	231,018	5,764,914	844,427	119,576	60.00
63.00 06300	6,381	11,707	384,395	56,305	49,004	63.00
65.00 06500	35,037	64,278	1,749,594	256,275	56,361	65.00
66.00 06600	46,407	85,137	7,011,709	1,027,054	25,134	66.00
67.00 06700	6,442	11,818	580,816	85,076	9,624	67.00
68.00 06800	3,426	6,286	364,337	53,367	0	68.00
69.00 06900	32,773	60,124	1,137,618	166,635	65,915	69.00
70.00 07000	3,286	6,028	248,591	36,413	91,084	70.00
71.00 07100	66,234	121,511	4,983,248	729,931	0	71.00
72.00 07200	51,142	93,824	8,511,182	1,246,692	0	72.00
73.00 07300	150,844	276,458	4,798,451	702,863	0	73.00
76.00 03630	20,802	38,163	796,920	116,730	39,622	76.00
76.01 03951	15,619	28,654	934,149	136,831	213,308	76.01
76.02 03952	84,556	155,124	2,795,669	409,501	156,445	76.02
76.03 03953	13,195	24,206	2,904,093	425,383	98,769	76.03
76.04 03954	3,629	6,657	465,681	68,212	110,159	76.04
76.05 03340	1,275	2,340	697,814	102,214	33,356	76.05
76.06 03030	0	0	0	0	0	76.06
76.07 03950	0	0	123,980	18,160	0	76.07
76.08 03955	2,812	5,158	453,749	66,464	7,616	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	85,773	157,357	6,629,596	971,083	278,375	91.00
92.00 09200			0			92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300						113.00
118.00	1,286,035	2,359,047	140,330,385	17,708,434	5,104,850	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	0	117,597	17,225	15,111	190.00
192.00 19200	0	0	6,996,614	1,024,843	237,091	192.00
192.01 19201	0	0	0	0	0	192.01
194.00 07950	0	0	4,152,717	608,278	524,606	194.00
194.01 07951	0	0	0	0	0	194.01
194.02 07952	0	0	508,884	74,540	458,379	194.02
194.03 07953	0	0	9,607	1,407	0	194.03
200.00			0			200.00
201.00			0			201.00
202.00	1,286,035	2,359,047	152,115,804	19,434,727	6,340,037	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0090		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/31/2017 12: 28 pm	
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00590	PATIENT ACCOUNTING					5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	4,613,239	380,223				8.00
9.00	00900	71,791	0	2,590,791			9.00
10.00	01000	63,332	0	36,129	1,021,772		10.00
11.00	01100	91,427	0	52,157	0	892,353	11.00
13.00	01300	9,672	0	5,517	0	27,964	13.00
14.00	01400	81,543	0	46,518	0	12,131	14.00
15.00	01500	45,521	0	25,968	0	29,530	15.00
16.00	01600	65,090	0	37,132	0	4,021	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,084,630	208,313	618,761	559,802	195,416	30.00
31.00	03100	132,299	26,238	75,473	70,510	31,826	31.00
32.00	02060	7,101	7,408	4,051	19,904	11,348	32.00
41.00	04100	79,105	39,754	45,127	106,831	22,934	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	219,650	0	125,305	0	33,352	50.00
50.01	05001	187,611	0	107,028	0	15,940	50.01
51.00	05100	73,949	0	42,186	0	7,233	51.00
53.00	05300	7,580	0	4,324	0	1,845	53.00
54.00	05400	191,581	0	109,292	0	30,366	54.00
54.01	05401	20,542	0	11,719	0	16,524	54.01
55.00	05500	122,187	0	69,705	0	10,365	55.00
56.00	05600	65,690	0	37,474	0	4,008	56.00
60.00	06000	92,027	0	52,499	0	0	60.00
63.00	06300	37,714	0	21,515	0	0	63.00
65.00	06500	43,376	0	24,745	0	17,957	65.00
66.00	06600	19,343	0	11,035	0	46,823	66.00
67.00	06700	7,407	0	4,225	0	6,105	67.00
68.00	06800	0	0	0	0	3,530	68.00
69.00	06900	50,729	0	28,940	0	11,918	69.00
70.00	07000	70,099	0	39,990	0	1,898	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
76.00	03630	30,494	0	17,396	0	5,548	76.00
76.01	03951	164,164	0	93,652	0	8,069	76.01
76.02	03952	120,402	0	68,687	0	16,948	76.02
76.03	03953	76,014	0	43,364	0	41,037	76.03
76.04	03954	84,780	0	48,365	0	4,977	76.04
76.05	03340	25,671	0	14,645	0	6,716	76.05
76.06	03030	0	0	0	0	0	76.06
76.07	03950	0	0	0	0	1,447	76.07
76.08	03955	5,862	0	3,344	0	4,194	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	214,241	0	122,219	0	64,170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		3,662,624	281,713	2,048,487	757,047	696,140	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	11,630	0	6,635	0	1,075	190.00
192.00	19200	182,468	0	104,094	0	54,667	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	403,743	0	230,326	0	79,592	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	352,774	98,510	201,249	264,725	60,693	194.02
194.03	07953	0	0	0	0	186	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		4,613,239	380,223	2,590,791	1,021,772	892,353	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2017 12:28 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	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00570						5.02
5.03	00590						5.03
5.04	00591						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	2,989,489					13.00
14.00	01400	5,866	1,957,334				14.00
15.00	01500	0	2,330	4,363,698			15.00
16.00	01600	5,983	0	0	1,994,150		16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,538,566	64,738	302	125,697	0	30.00
31.00	03100	243,678	10,165	242	28,276	0	31.00
32.00	02060	96,204	1,400	172	10,847	0	32.00
41.00	04100	251,774	9,836	250	51,852	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	11,523	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	141,960	57,093	16,394	161,326	0	50.00
50.01	05001	88,930	16,699	6,920	47,608	0	50.01
51.00	05100	48,102	3,638	19	22,965	0	51.00
53.00	05300	0	11,246	58,978	65,697	0	53.00
54.00	05400	235	8,968	129	184,945	0	54.00
54.01	05401	0	3,624	1	38,351	0	54.01
55.00	05500	0	1,066	28	36,243	0	55.00
56.00	05600	0	218	252,390	37,368	0	56.00
60.00	06000	0	61	0	195,292	0	60.00
63.00	06300	0	0	0	9,896	0	63.00
65.00	06500	0	2,311	0	54,338	0	65.00
66.00	06600	3,285	1,140	0	71,971	0	66.00
67.00	06700	0	145	0	9,990	0	67.00
68.00	06800	0	766	0	5,314	0	68.00
69.00	06900	41,180	1,422	0	50,826	0	69.00
70.00	07000	0	391	0	5,096	0	70.00
71.00	07100	0	616,812	0	102,720	0	71.00
72.00	07200	0	1,076,090	0	79,315	0	72.00
73.00	07300	0	529	4,010,957	233,622	0	73.00
76.00	03630	5,162	3,572	0	32,261	0	76.00
76.01	03951	58,896	29,899	305	24,223	0	76.01
76.02	03952	88,226	54	530	131,135	0	76.02
76.03	03953	0	2,139	0	20,463	0	76.03
76.04	03954	0	424	7,946	5,628	0	76.04
76.05	03340	34,375	0	0	1,978	0	76.05
76.06	03030	0	0	0	0	0	76.06
76.07	03950	469	0	0	0	0	76.07
76.08	03955	0	3,340	0	4,361	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	336,598	26,465	5,968	133,023	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		2,989,489	1,956,581	4,361,531	1,994,150	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	41	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	712	2,167	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,989,489	1,957,334	4,363,698	1,994,150	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/31/2017 12:28 pm
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Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS APPRV				
	22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 01160	COMMUNICATIONS				5.01
5.02 00570	ADMITTING				5.02
5.03 00590	PATIENT ACCOUNTING				5.03
5.04 00591	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,265,182			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	1,217,259	25,136,947	-1,217,259	30.00
31.00 03100	INTENSIVE CARE UNIT	0	4,512,963	0	31.00
32.00 02060	CORONARY CARE UNIT	0	2,037,504	0	32.00
41.00 04100	SUBPROVIDER - I&R	0	5,655,389	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	1,481,742	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	16,773	8,017,032	-16,773	50.00
50.01 05001	OUTPATIENT SURGERY	0	3,011,479	0	50.01
51.00 05100	RECOVERY ROOM	0	1,323,787	0	51.00
53.00 05300	ANESTHESIOLOGY	0	4,031,164	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	4,781,561	0	54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	0	1,947,046	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	2,041,821	0	55.00
56.00 05600	RADIOISOTOPE	0	1,684,373	0	56.00
60.00 06000	LABORATORY	0	7,068,796	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	558,829	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	2,204,957	0	65.00
66.00 06600	PHYSICAL THERAPY	0	8,217,494	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	703,388	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	427,314	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	1,555,183	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	493,562	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,432,711	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,913,279	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	9,746,422	0	73.00
76.00 03630	ULTRA SOUND	0	1,047,705	0	76.00
76.01 03951	PAIN CLINIC	0	1,663,496	0	76.01
76.02 03952	CATH LAB	0	3,787,597	0	76.02
76.03 03953	ACTIVITY THERAPEUTIC	0	3,611,262	0	76.03
76.04 03954	WOUND CARE CENTER	0	796,172	0	76.04
76.05 03340	BARITRIC CLINIC	0	916,769	0	76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	0	76.06
76.07 03950	CV RESOURCE CENTER	0	144,056	0	76.07
76.08 03955	ANTI COAGULATION CLINIC	0	548,930	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	31,150	8,812,888	-31,150	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	1,265,182	135,313,618	-1,265,182	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	169,273	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	8,599,818	0	192.00
192.01 19201	WORKING WELL	0	0	0	192.01
194.00 07950	RESIDENTIAL	0	6,002,141	0	194.00
194.01 07951	OMNI	0	0	0	194.01
194.02 07952	PSYCHIATRIC	0	2,019,754	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	24.00	25.00	26.00		
194.03 07953 CENTER OF HOPE	0	11,200	0	11,200		194.03
200.00 Cross Foot Adjustments	0	0	0	0		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	1,265,182	152,115,804	-1,265,182	150,850,622		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

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

Worksheet B
Part II
Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	22,624	2,802	25,426	25,426 4.00
5.01 01160	COMMUNICATIONS	0	24,294	1,199	25,493	83 5.01
5.02 00570	ADMINISTRATIVE	0	55,278	5,485	60,763	43 5.02
5.03 00590	PATIENT ACCOUNTING	0	11,852	1,570	13,422	0 5.03
5.04 00591	OTHER ADMINISTRATIVE AND GENERAL	0	351,008	86,368	437,376	1,812 5.04
6.00 00600	MAINTENANCE & REPAIRS	0	996,485	15,137	1,011,622	554 6.00
7.00 00700	OPERATION OF PLANT	0	280,204	5,963	286,167	171 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	0	75,588	4,012	79,600	623 9.00
10.00 01000	DIETARY	0	66,681	16,853	83,534	172 10.00
11.00 01100	CAFETERIA	0	96,263	0	96,263	215 11.00
13.00 01300	NURSING ADMINISTRATION	0	10,183	53,887	64,070	850 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	85,855	101,872	187,727	176 14.00
15.00 01500	PHARMACY	0	47,928	1,852	49,780	891 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	68,533	2,322	70,855	91 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,141,994	432,476	1,574,470	4,631 30.00
31.00 03100	INTENSIVE CARE UNIT	0	139,295	185,712	325,007	806 31.00
32.00 02060	CORONARY CARE UNIT	0	7,476	12,712	20,188	354 32.00
41.00 04100	SUBPROVIDER - I&R	0	83,288	21,358	104,646	965 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	413 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	231,266	785,479	1,016,745	758 50.00
50.01 05001	OUTPATIENT SURGERY	0	197,532	149,573	347,105	427 50.01
51.00 05100	RECOVERY ROOM	0	77,860	16,332	94,192	195 51.00
53.00 05300	ANESTHESIOLOGY	0	7,981	139,924	147,905	23 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	201,712	224,159	425,871	668 54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	0	21,629	215,992	237,621	375 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	128,649	104,809	233,458	319 55.00
56.00 05600	RADIOISOTOPE	0	69,164	90,140	159,304	138 56.00
60.00 06000	LABORATORY	0	96,894	4,540	101,434	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	39,708	0	39,708	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	45,670	45,387	91,057	402 65.00
66.00 06600	PHYSICAL THERAPY	0	20,366	19,012	39,378	1,195 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	7,799	223	8,022	166 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	6,979	6,979	117 68.00
69.00 06900	ELECTROCARDIOLOGY	0	53,412	96,421	149,833	292 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	73,806	17,235	91,041	44 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
76.00 03630	ULTRA SOUND	0	32,106	177,763	209,869	175 76.00
76.01 03951	PAIN CLINIC	0	172,846	20,714	193,560	226 76.01
76.02 03952	CATH LAB	0	126,770	377,802	504,572	498 76.02
76.03 03953	ACTIVITY THERAPEUTIC	0	80,034	157	80,191	955 76.03
76.04 03954	WOUND CARE CENTER	0	89,263	2,501	91,764	114 76.04
76.05 03340	BARITRIC CLINIC	0	27,029	2,170	29,199	175 76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	0 76.06
76.07 03950	CV RESOURCE CENTER	0	0	0	0	43 76.07
76.08 03955	ANTI COAGULATION CLINIC	0	6,172	300	6,472	138 76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	225,571	163,626	389,197	1,941 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,598,068	3,612,818	9,210,886	22,234 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,245	0	12,245	9 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	192,118	1,803	193,921	2,059 192.00
192.01 19201	WORKING WELL	0	0	0	0	0 192.01
194.00 07950	RESIDENTIAL	0	425,095	16,425	441,520	1,121 194.00
194.01 07951	OMNI	0	0	0	0	0 194.01
194.02 07952	PSYCHIATRIC	0	371,431	49,753	421,184	0 194.02
194.03 07953	CENTER OF HOPE	0	0	0	0	3 194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/31/2017 12:28 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	
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)	0	6,598,957	3,680,799	10,279,756	25,426	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/31/2017 12:28 pm	
Cost Center Description			COMMUNICATIONS	ADMINITTING	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	25,576					5.01
5.02	00570	ADMINITTING	418	61,224				5.02
5.03	00590	PATIENT ACCOUNTING	2,971	0	16,393			5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL	2,808	0	0	441,996		5.04
6.00	00600	MAINTENANCE & REPAIRS	998	0	0	18,420	1,031,594	6.00
7.00	00700	OPERATION OF PLANT	232	0	0	12,399	56,265	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,105	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	7,048	15,178	9.00
10.00	01000	DIETARY	255	0	0	2,441	13,390	10.00
11.00	01100	CAFETERIA	418	0	0	1,830	19,330	11.00
13.00	01300	NURSING ADMINISTRATION	255	0	0	8,524	2,045	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	255	0	0	4,955	17,240	14.00
15.00	01500	PHARMACY	673	0	0	12,206	9,624	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,274	0	0	5,222	13,761	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	209	0	0	3,676	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,601	3,855	1,039	52,662	229,313	30.00
31.00	03100	INTENSIVE CARE UNIT	162	867	234	10,815	27,971	31.00
32.00	02060	CORONARY CARE UNIT	0	333	90	5,433	1,501	32.00
41.00	04100	SUBPROVIDER - I RF	0	1,590	429	14,368	16,724	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	353	95	4,272	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	766	4,947	1,334	20,221	46,438	50.00
50.01	05001	OUTPATIENT SURGERY	0	1,460	394	6,674	39,665	50.01
51.00	05100	RECOVERY ROOM	186	704	190	2,991	15,634	51.00
53.00	05300	ANESTHESIOLOGY	46	2,015	543	11,249	1,603	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	975	5,672	1,529	11,642	40,504	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	1,176	317	5,316	4,343	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,111	300	4,775	25,833	55.00
56.00	05600	RADIOISOTOPE	302	1,146	309	3,492	13,888	56.00
60.00	06000	LABORATORY	882	5,989	1,614	19,203	19,456	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	303	82	1,280	7,973	63.00
65.00	06500	RESPIRATORY THERAPY	255	1,666	449	5,828	9,170	65.00
66.00	06600	PHYSICAL THERAPY	255	2,207	595	23,356	4,090	66.00
67.00	06700	OCCUPATIONAL THERAPY	23	306	83	1,935	1,566	67.00
68.00	06800	SPEECH PATHOLOGY	23	163	44	1,214	0	68.00
69.00	06900	ELECTROCARDIOLOGY	511	1,559	420	3,789	10,725	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	186	156	42	828	14,820	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,150	849	16,599	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,432	656	28,351	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,236	1,837	15,984	0	73.00
76.00	03630	ULTRA SOUND	0	989	267	2,655	6,447	76.00
76.01	03951	PAIN CLINIC	46	743	200	3,112	34,708	76.01
76.02	03952	CATH LAB	0	4,021	1,084	9,312	25,455	76.02
76.03	03953	ACTIVITY THERAPEUTIC	162	628	169	9,674	16,071	76.03
76.04	03954	WOUND CARE CENTER	186	173	47	1,551	17,924	76.04
76.05	03340	BARITRIC CLINIC	186	61	16	2,324	5,427	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	413	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	134	36	1,511	1,239	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	557	4,079	1,100	22,083	45,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,076	61,224	16,393	402,738	830,616	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	116	0	0	392	2,459	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,135	0	0	23,306	38,577	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	1,091	0	0	13,833	85,359	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	2,158	0	0	1,695	74,583	194.02
194.03	07953	CENTER OF HOPE	0	0	0	32	0	194.03
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)	25,576	61,224	16,393	441,996	1,031,594	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/31/2017 12:28 pm	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00570	ADMINISTRATIVE						5.02
5.03	00590	PATIENT ACCOUNTING						5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	355,234					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,105				8.00
9.00	00900	HOUSEKEEPING	5,528	0	107,977			9.00
10.00	01000	DIETARY	4,877	0	1,506	106,175		10.00
11.00	01100	CAFETERIA	7,040	0	2,174	0	127,270	11.00
13.00	01300	NURSING ADMINISTRATION	745	0	230	0	3,988	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,279	0	1,939	0	1,730	14.00
15.00	01500	PHARMACY	3,505	0	1,082	0	4,212	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,012	0	1,548	0	574	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,523	605	25,787	58,171	27,869	30.00
31.00	03100	INTENSIVE CARE UNIT	10,187	76	3,146	7,327	4,539	31.00
32.00	02060	CORONARY CARE UNIT	547	22	169	2,068	1,618	32.00
41.00	04100	SUBPROVIDER - IRF	6,091	116	1,881	11,101	3,271	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,914	0	5,222	0	4,757	50.00
50.01	05001	OUTPATIENT SURGERY	14,447	0	4,461	0	2,273	50.01
51.00	05100	RECOVERY ROOM	5,694	0	1,758	0	1,032	51.00
53.00	05300	ANESTHESIOLOGY	584	0	180	0	263	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,752	0	4,555	0	4,331	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,582	0	488	0	2,357	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,409	0	2,905	0	1,478	55.00
56.00	05600	RADIOISOTOPE	5,058	0	1,562	0	572	56.00
60.00	06000	LABORATORY	7,086	0	2,188	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,904	0	897	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,340	0	1,031	0	2,561	65.00
66.00	06600	PHYSICAL THERAPY	1,489	0	460	0	6,678	66.00
67.00	06700	OCCUPATIONAL THERAPY	570	0	176	0	871	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	504	68.00
69.00	06900	ELECTROCARDIOLOGY	3,906	0	1,206	0	1,700	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,398	0	1,667	0	271	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
76.00	03630	ULTRA SOUND	2,348	0	725	0	791	76.00
76.01	03951	PAIN CLINIC	12,641	0	3,903	0	1,151	76.01
76.02	03952	CATH LAB	9,271	0	2,863	0	2,417	76.02
76.03	03953	ACTIVITY THERAPEUTIC	5,853	0	1,807	0	5,853	76.03
76.04	03954	WOUND CARE CENTER	6,528	0	2,016	0	710	76.04
76.05	03340	BARIATRIC CLINIC	1,977	0	610	0	958	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	206	76.07
76.08	03955	ANTI COAGULATION CLINIC	451	0	139	0	598	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,497	0	5,094	0	9,152	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	282,033	819	85,375	78,667	99,285	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	896	0	277	0	153	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,051	0	4,338	0	7,797	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	31,089	0	9,599	0	11,352	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	27,165	286	8,388	27,508	8,656	194.02
194.03	07953	CENTER OF HOPE	0	0	0	0	27	194.03
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)	355,234	1,105	107,977	106,175	127,270	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/31/2017 12:28 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00570	ADMITTING						5.02
5.03	00590	PATIENT ACCOUNTING						5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	80,707					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	158	220,459				14.00
15.00	01500	PHARMACY	0	262	82,235			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	162	0	0	100,499		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,536	7,292	6	6,335	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,579	1,145	5	1,425	0	31.00
32.00	02060	CORONARY CARE UNIT	2,597	158	3	547	0	32.00
41.00	04100	SUBPROVIDER - I RF	6,797	1,108	5	2,613	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	581	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,832	6,430	309	8,131	0	50.00
50.01	05001	OUTPATIENT SURGERY	2,401	1,881	130	2,399	0	50.01
51.00	05100	RECOVERY ROOM	1,299	410	0	1,157	0	51.00
53.00	05300	ANESTHESIOLOGY	0	1,267	1,111	3,311	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6	1,010	2	9,321	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	408	0	1,933	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	120	1	1,827	0	55.00
56.00	05600	RADIOISOTOPE	0	24	4,756	1,883	0	56.00
60.00	06000	LABORATORY	0	7	0	9,843	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	499	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	260	0	2,739	0	65.00
66.00	06600	PHYSICAL THERAPY	89	128	0	3,627	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16	0	504	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	86	0	268	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,112	160	0	2,562	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	44	0	257	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	69,472	0	5,177	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	121,204	0	3,997	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	60	75,588	11,768	0	73.00
76.00	03630	ULTRA SOUND	139	402	0	1,626	0	76.00
76.01	03951	PAIN CLINIC	1,590	3,368	6	1,221	0	76.01
76.02	03952	CATH LAB	2,382	6	10	6,609	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	241	0	1,031	0	76.03
76.04	03954	WOUND CARE CENTER	0	48	150	284	0	76.04
76.05	03340	BARIBARIATRIC CLINIC	928	0	0	100	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	13	0	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	376	0	220	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,087	2,981	112	6,704	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	80,707	220,374	82,194	100,499	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	80	41	0	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	0	0	0	194.02
194.03	07953	CENTER OF HOPE	0	0	0	0	0	194.03
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)	80,707	220,459	82,235	100,499	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/31/2017 12:28 pm		
Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
	22.00					24.00	25.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01	01160	COMMUNICATIONS				5.01	
5.02	00570	ADMITTING				5.02	
5.03	00590	PATIENT ACCOUNTING				5.03	
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL				5.04	
6.00	00600	MAINTENANCE & REPAIRS				6.00	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
13.00	01300	NURSING ADMINISTRATION				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00	
15.00	01500	PHARMACY				15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00	
17.00	01700	SOCIAL SERVICE				17.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,885			22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		2,118,695	0	2,118,695	30.00
31.00	03100	INTENSIVE CARE UNIT		400,291	0	400,291	31.00
32.00	02060	CORONARY CARE UNIT		35,628	0	35,628	32.00
41.00	04100	SUBPROVIDER - I&R		171,705	0	171,705	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		5,714	0	5,714	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		1,136,804	0	1,136,804	50.00
50.01	05001	OUTPATIENT SURGERY		423,717	0	423,717	50.01
51.00	05100	RECOVERY ROOM		125,442	0	125,442	51.00
53.00	05300	ANESTHESIOLOGY		170,100	0	170,100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		520,838	0	520,838	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES		255,916	0	255,916	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		281,536	0	281,536	55.00
56.00	05600	RADIOISOTOPE		192,434	0	192,434	56.00
60.00	06000	LABORATORY		167,702	0	167,702	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		53,646	0	53,646	63.00
65.00	06500	RESPIRATORY THERAPY		118,758	0	118,758	65.00
66.00	06600	PHYSICAL THERAPY		83,547	0	83,547	66.00
67.00	06700	OCCUPATIONAL THERAPY		14,238	0	14,238	67.00
68.00	06800	SPEECH PATHOLOGY		9,398	0	9,398	68.00
69.00	06900	ELECTROCARDIOLOGY		177,775	0	177,775	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		114,754	0	114,754	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		95,247	0	95,247	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		156,640	0	156,640	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		112,473	0	112,473	73.00
76.00	03630	ULTRA SOUND		226,433	0	226,433	76.00
76.01	03951	PAIN CLINIC		256,475	0	256,475	76.01
76.02	03952	CATH LAB		568,500	0	568,500	76.02
76.03	03953	ACTIVITY THERAPEUTIC		122,635	0	122,635	76.03
76.04	03954	WOUND CARE CENTER		121,495	0	121,495	76.04
76.05	03340	BARIATRIC CLINIC		41,961	0	41,961	76.05
76.06	03030	HEALTHY LIVING CENTER		0	0	0	76.06
76.07	03950	CV RESOURCE CENTER		675	0	675	76.07
76.08	03955	ANTI COAGULATION CLINIC		11,314	0	11,314	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY		513,879	0	513,879	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	8,806,365	0	8,806,365	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		16,547	0	16,547	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		286,189	0	286,189	192.00
192.01	19201	WORKING WELL		0	0	0	192.01
194.00	07950	RESIDENTIAL		595,085	0	595,085	194.00
194.01	07951	OMNI		0	0	0	194.01
194.02	07952	PSYCHIATRIC		571,623	0	571,623	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

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

Worksheet B
Part II
Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	24.00	25.00	26.00		
194.03 07953 CENTER OF HOPE		62	0	62		194.03
200.00 Cross Foot Adjustments	3,885	3,885	0	3,885		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	3,885	10,279,756	0	10,279,756		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1
Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	ADMITTING (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	470,470				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,511,662			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,613	2,673	54,511,860		4.00
5.01 01160	COMMUNICATIONS	1,732	1,144	178,560	1,102	5.01
5.02 00570	ADMITTING	3,941	5,233	91,920	18	531,817,945 5.02
5.03 00590	PATIENT ACCOUNTING	845	1,498	0	128	0 5.03
5.04 00591	OTHER ADMINISTRATIVE AND GENERAL	25,025	82,399	3,887,883	121	0 5.04
6.00 00600	MAINTENANCE & REPAIRS	71,044	14,441	1,189,039	43	0 6.00
7.00 00700	OPERATION OF PLANT	19,977	5,689	367,048	10	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	5,389	3,828	1,335,940	0	0 9.00
10.00 01000	DIETARY	4,754	16,079	368,928	11	0 10.00
11.00 01100	CAFETERIA	6,863	0	461,230	18	0 11.00
13.00 01300	NURSING ADMINISTRATION	726	51,411	1,823,596	11	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,121	97,191	377,719	11	0 14.00
15.00 01500	PHARMACY	3,417	1,767	1,912,488	29	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,886	2,215	195,933	141	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	9	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	81,418	412,603	9,890,661	69	33,519,314 30.00
31.00 03100	INTENSIVE CARE UNIT	9,931	177,178	1,729,455	7	7,540,342 31.00
32.00 02060	CORONARY CARE UNIT	533	12,128	759,286	0	2,892,484 32.00
41.00 04100	SUBPROVIDER - I&R	5,938	20,377	2,071,338	0	13,827,086 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	886,718	0	3,072,722 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,488	749,386	1,626,268	33	43,020,203 50.00
50.01 05001	OUTPATIENT SURGERY	14,083	142,700	915,270	0	12,695,569 50.01
51.00 05100	RECOVERY ROOM	5,551	15,582	419,002	8	6,124,133 51.00
53.00 05300	ANESTHESIOLOGY	569	133,494	49,417	2	17,519,233 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,381	213,859	1,432,931	42	49,318,626 54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	1,542	206,067	805,105	0	10,227,015 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	9,172	99,993	683,753	0	9,664,820 55.00
56.00 05600	RADIOISOTOPE	4,931	85,998	295,782	13	9,964,844 56.00
60.00 06000	LABORATORY	6,908	4,331	0	38	52,077,941 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,831	0	0	0	2,639,027 63.00
65.00 06500	RESPIRATORY THERAPY	3,256	43,301	862,886	11	14,490,075 65.00
66.00 06600	PHYSICAL THERAPY	1,452	18,138	2,565,186	11	19,192,274 66.00
67.00 06700	OCCUPATIONAL THERAPY	556	213	356,918	1	2,664,114 67.00
68.00 06800	SPEECH PATHOLOGY	0	6,658	250,297	1	1,416,939 68.00
69.00 06900	ELECTROCARDIOLOGY	3,808	91,990	626,233	22	13,553,620 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	5,262	16,443	93,568	8	1,358,841 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	27,392,038 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	21,150,630 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	62,343,957 73.00
76.00 03630	ULTRA SOUND	2,289	169,595	375,167	0	8,602,968 76.00
76.01 03951	PAIN CLINIC	12,323	19,762	485,552	2	6,459,357 76.01
76.02 03952	CATH LAB	9,038	360,442	1,068,407	0	34,969,251 76.02
76.03 03953	ACTIVITY THERAPEUTIC	5,706	150	2,049,599	7	5,456,789 76.03
76.04 03954	WOUND CARE CENTER	6,364	2,386	244,008	8	1,500,784 76.04
76.05 03340	BARITRIC CLINIC	1,927	2,070	374,905	8	527,474 76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	0 76.06
76.07 03950	CV RESOURCE CENTER	0	0	92,024	0	0 76.07
76.08 03955	ANTI COAGULATION CLINIC	440	286	295,869	0	1,162,802 76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	16,082	156,107	4,164,426	24	35,472,673 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	399,112	3,446,805	47,660,315	865	531,817,945 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	873	0	20,347	5	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	13,697	1,720	4,418,005	92	0 192.00
192.01 19201	WORKING WELL	0	0	0	0	0 192.01
194.00 07950	RESIDENTIAL	30,307	15,670	2,406,062	47	0 194.00
194.01 07951	OMNI	0	0	0	0	0 194.01
194.02 07952	PSYCHIATRIC	26,481	47,467	0	93	0 194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	ADMITTING (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.03 07953 CENTER OF HOPE	0	0	7,131	0	0	194.03
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)	6,598,957	3,680,799	18,929,614	1,039,197	1,286,035	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	14.026308	1.048164	0.347257	943.009982	0.002418	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			25,426	25,576	61,224	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000466	23.208711	0.000115	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1
Date/Time Prepared: 5/31/2017 12:28 pm

Cost Center Description		PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)		
		5.03	5A.04	5.04	6.00	7.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00570	ADMINISTRATION					5.02	
5.03	00590	PATIENT ACCOUNTING	531,817,945				5.03	
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL	0	-19,434,727	132,681,077		5.04	
6.00	00600	MAINTENANCE & REPAIRS	0	0	5,530,017	366,270	6.00	
7.00	00700	OPERATION OF PLANT	0	0	3,722,222	19,977	346,293	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	331,645	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,115,802	5,389	5,389	9.00
10.00	01000	DIETARY	0	0	732,698	4,754	4,754	10.00
11.00	01100	CAFETERIA	0	0	549,485	6,863	6,863	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,558,943	726	726	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,487,446	6,121	6,121	14.00
15.00	01500	PHARMACY	0	0	3,664,445	3,417	3,417	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,567,715	4,886	4,886	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,103,539	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,519,314	0	15,799,823	81,418	81,418	30.00
31.00	03100	INTENSIVE CARE UNIT	7,540,342	0	3,246,775	9,931	9,931	31.00
32.00	02060	CORONARY CARE UNIT	2,892,484	0	1,630,947	533	533	32.00
41.00	04100	SUBPROVIDER - IRF	13,827,086	0	4,313,336	5,938	5,938	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,072,722	0	1,282,380	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,020,203	0	6,070,576	16,488	16,488	50.00
50.01	05001	OUTPATIENT SURGERY	12,695,569	0	2,003,503	14,083	14,083	50.01
51.00	05100	RECOVERY ROOM	6,124,133	0	898,063	5,551	5,551	51.00
53.00	05300	ANESTHESIOLOGY	17,519,233	0	3,376,993	569	569	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,318,626	0	3,495,154	14,381	14,381	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	10,227,015	0	1,595,839	1,542	1,542	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,664,820	0	1,433,489	9,172	9,172	55.00
56.00	05600	RADIOISOTOPE	9,964,844	0	1,048,317	4,931	4,931	56.00
60.00	06000	LABORATORY	52,077,941	0	5,764,914	6,908	6,908	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	2,639,027	0	384,395	2,831	2,831	63.00
65.00	06500	RESPIRATORY THERAPY	14,490,075	0	1,749,594	3,256	3,256	65.00
66.00	06600	PHYSICAL THERAPY	19,192,274	0	7,011,709	1,452	1,452	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,664,114	0	580,816	556	556	67.00
68.00	06800	SPEECH PATHOLOGY	1,416,939	0	364,337	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,553,620	0	1,137,618	3,808	3,808	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,358,841	0	248,591	5,262	5,262	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,392,038	0	4,983,248	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,150,630	0	8,511,182	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,343,957	0	4,798,451	0	0	73.00
76.00	03630	ULTRA SOUND	8,602,968	0	796,920	2,289	2,289	76.00
76.01	03951	PAIN CLINIC	6,459,357	0	934,149	12,323	12,323	76.01
76.02	03952	CATH LAB	34,969,251	0	2,795,669	9,038	9,038	76.02
76.03	03953	ACTIVITY THERAPEUTIC	5,456,789	0	2,904,093	5,706	5,706	76.03
76.04	03954	WOUND CARE CENTER	1,500,784	0	465,681	6,364	6,364	76.04
76.05	03340	BARIATRIC CLINIC	527,474	0	697,814	1,927	1,927	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	123,980	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	1,162,802	0	453,749	440	440	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	35,472,673	0	6,629,596	16,082	16,082	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	531,817,945	-19,434,727	120,895,658	294,912	274,935	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	117,597	873	873	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	6,996,614	13,697	13,697	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	0	4,152,717	30,307	30,307	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	508,884	26,481	26,481	194.02
194.03	07953	CENTER OF HOPE	0	0	9,607	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description		PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	2,359,047		19,434,727	6,340,037	4,613,239	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004436		0.146477	17.309736	13.321780	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	16,393		441,996	1,031,594	355,234	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000031		0.003331	2.816485	1.025819	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared: 5/31/2017 12:28 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING)	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00570	ADMINISTRATIVE						5.02
5.03	00590	PATIENT ACCOUNTING						5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	662,486					8.00
9.00	00900	HOUSEKEEPING	0	340,904				9.00
10.00	01000	DIETARY	0	4,754	227,976			10.00
11.00	01100	CAFETERIA	0	6,863	0	67,236		11.00
13.00	01300	NURSING ADMINISTRATION	0	726	0	2,107	25,481	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,121	0	914	50	14.00
15.00	01500	PHARMACY	0	3,417	0	2,225	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,886	0	303	51	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	362,957	81,418	124,902	14,724	13,114	30.00
31.00	03100	INTENSIVE CARE UNIT	45,716	9,931	15,732	2,398	2,077	31.00
32.00	02060	CORONARY CARE UNIT	12,907	533	4,441	855	820	32.00
41.00	04100	SUBPROVIDER - IRF	69,266	5,938	23,836	1,728	2,146	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,488	0	2,513	1,210	50.00
50.01	05001	OUTPATIENT SURGERY	0	14,083	0	1,201	758	50.01
51.00	05100	RECOVERY ROOM	0	5,551	0	545	410	51.00
53.00	05300	ANESTHESIOLOGY	0	569	0	139	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,381	0	2,288	2	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	1,542	0	1,245	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,172	0	781	0	55.00
56.00	05600	RADIOISOTOPE	0	4,931	0	302	0	56.00
60.00	06000	LABORATORY	0	6,908	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,831	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,256	0	1,353	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,452	0	3,528	28	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	556	0	460	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	266	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,808	0	898	351	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,262	0	143	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
76.00	03630	ULTRA SOUND	0	2,289	0	418	44	76.00
76.01	03951	PAIN CLINIC	0	12,323	0	608	502	76.01
76.02	03952	CATH LAB	0	9,038	0	1,277	752	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	5,706	0	3,092	0	76.03
76.04	03954	WOUND CARE CENTER	0	6,364	0	375	0	76.04
76.05	03340	BARITRIC CLINIC	0	1,927	0	506	293	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	109	4	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	440	0	316	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	16,082	0	4,835	2,869	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	490,846	269,546	168,911	52,452	25,481	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	873	0	81	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,697	0	4,119	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	30,307	0	5,997	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	171,640	26,481	59,065	4,573	0	194.02
194.03	07953	CENTER OF HOPE	0	0	0	14	0	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING)	
		8.00	9.00	10.00	11.00	13.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	380,223	2,590,791	1,021,772	892,353	2,989,489	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.573934	7.599767	4.481928	13.271953	117.322279	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,105	107,977	106,175	127,270	80,707	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001668	0.316737	0.465729	1.892885	3.167340	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0090		Period: From 01/01/2016 To 12/31/2016		Worksheet B-1	
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	DATE/TIME PREPARED: 5/31/2017 12:28 pm
		14.00	15.00	16.00	17.00	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	22.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00570	ADMITTING					5.02
5.03	00590	PATIENT ACCOUNTING					5.03
5.04	00591	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,217,603				14.00
15.00	01500	PHARMACY	18,116	4,565,123			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	531,817,945		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	531,817,945	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	5,280
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	503,316	316	33,519,314	33,519,314	5,080
31.00	03100	INTENSIVE CARE UNIT	79,033	253	7,540,342	7,540,342	0
32.00	02060	CORONARY CARE UNIT	10,885	180	2,892,484	2,892,484	0
41.00	04100	SUBPROVIDER - I&R	76,471	262	13,827,086	13,827,086	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	3,072,722	3,072,722	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	443,877	17,151	43,020,203	43,020,203	70
50.01	05001	OUTPATIENT SURGERY	129,832	7,239	12,695,569	12,695,569	0
51.00	05100	RECOVERY ROOM	28,284	20	6,124,133	6,124,133	0
53.00	05300	ANESTHESIOLOGY	87,431	61,700	17,519,233	17,519,233	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,726	135	49,318,626	49,318,626	0
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	28,172	1	10,227,015	10,227,015	0
55.00	05500	RADIOLOGY-THERAPEUTIC	8,288	29	9,664,820	9,664,820	0
56.00	05600	RADIOISOTOPE	1,691	264,040	9,964,844	9,964,844	0
60.00	06000	LABORATORY	476	0	52,077,941	52,077,941	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,639,027	2,639,027	0
65.00	06500	RESPIRATORY THERAPY	17,971	0	14,490,075	14,490,075	0
66.00	06600	PHYSICAL THERAPY	8,866	0	19,192,274	19,192,274	0
67.00	06700	OCCUPATIONAL THERAPY	1,125	0	2,664,114	2,664,114	0
68.00	06800	SPEECH PATHOLOGY	5,958	0	1,416,939	1,416,939	0
69.00	06900	ELECTROCARDIOLOGY	11,058	0	13,553,620	13,553,620	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,040	0	1,358,841	1,358,841	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,795,504	0	27,392,038	27,392,038	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,366,216	0	21,150,630	21,150,630	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,116	4,196,101	62,343,957	62,343,957	0
76.00	03630	ULTRA SOUND	27,773	0	8,602,968	8,602,968	0
76.01	03951	PAIN CLINIC	232,455	319	6,459,357	6,459,357	0
76.02	03952	CATH LAB	421	554	34,969,251	34,969,251	0
76.03	03953	ACTIVITY THERAPEUTIC	16,630	0	5,456,789	5,456,789	0
76.04	03954	WOUND CARE CENTER	3,294	8,313	1,500,784	1,500,784	0
76.05	03340	BARITRIC CLINIC	0	0	527,474	527,474	0
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0
76.08	03955	ANTI COAGULATION CLINIC	25,966	0	1,162,802	1,162,802	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	205,753	6,243	35,472,673	35,472,673	130
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,211,744	4,562,856	531,817,945	531,817,945	5,280
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	322	0	0	0	0
192.01	19201	WORKING WELL	0	0	0	0	0
194.00	07950	RESIDENTIAL	5,537	2,267	0	0	0
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHIATRIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (GROSS CHARGES)	INTERNS & RESIDENTS	
	14.00	15.00	16.00	17.00	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
194.03 07953 CENTER OF HOPE	0	0	0	0	0	194.03
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)	1,957,334	4,363,698	1,994,150	0	1,265,182	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.128623	0.955877	0.003750	0.000000	239.617803	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	220,459	82,235	100,499	0	3,885	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.014487	0.018014	0.000189	0.000000	0.735795	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/31/2017 12:28 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,919,688		23,919,688	0	23,919,688	30.00
31.00	03100	INTENSIVE CARE UNIT	4,512,963		4,512,963	4,262	4,517,225	31.00
32.00	02060	CORONARY CARE UNIT	2,037,504		2,037,504	3,919	2,041,423	32.00
41.00	04100	SUBPROVIDER - I RF	5,655,389		5,655,389	0	5,655,389	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,481,742		1,481,742	0	1,481,742	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,000,259		8,000,259	0	8,000,259	50.00
50.01	05001	OUTPATIENT SURGERY	3,011,479		3,011,479	1,204	3,012,683	50.01
51.00	05100	RECOVERY ROOM	1,323,787		1,323,787	0	1,323,787	51.00
53.00	05300	ANESTHESIOLOGY	4,031,164		4,031,164	0	4,031,164	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,781,561		4,781,561	0	4,781,561	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,947,046		1,947,046	0	1,947,046	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,041,821		2,041,821	0	2,041,821	55.00
56.00	05600	RADIOISOTOPE	1,684,373		1,684,373	0	1,684,373	56.00
60.00	06000	LABORATORY	7,068,796		7,068,796	7,659	7,076,455	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	558,829		558,829	0	558,829	63.00
65.00	06500	RESPIRATORY THERAPY	2,204,957	0	2,204,957	671	2,205,628	65.00
66.00	06600	PHYSICAL THERAPY	8,217,494	0	8,217,494	0	8,217,494	66.00
67.00	06700	OCCUPATIONAL THERAPY	703,388	0	703,388	0	703,388	67.00
68.00	06800	SPEECH PATHOLOGY	427,314	0	427,314	0	427,314	68.00
69.00	06900	ELECTROCARDIOLOGY	1,555,183		1,555,183	0	1,555,183	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	493,562		493,562	0	493,562	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,432,711		6,432,711	0	6,432,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,913,279		10,913,279	0	10,913,279	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,746,422		9,746,422	0	9,746,422	73.00
76.00	03630	ULTRA SOUND	1,047,705		1,047,705	0	1,047,705	76.00
76.01	03951	PAIN CLINIC	1,663,496		1,663,496	0	1,663,496	76.01
76.02	03952	CATH LAB	3,787,597		3,787,597	666	3,788,263	76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,611,262		3,611,262	0	3,611,262	76.03
76.04	03954	WOUND CARE CENTER	796,172		796,172	166	796,338	76.04
76.05	03340	BARIATRIC CLINIC	916,769		916,769	0	916,769	76.05
76.06	03030	HEALTHY LIVING CENTER	0		0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	144,056		144,056	0	144,056	76.07
76.08	03955	ANTI COAGULATION CLINIC	548,930		548,930	0	548,930	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,781,738		8,781,738	13,756	8,795,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,301,973		4,301,973	0	4,301,973	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	138,350,409	0	138,350,409	32,303	138,382,712	200.00
201.00		Less Observation Beds	4,301,973		4,301,973		4,301,973	201.00
202.00		Total (see instructions)	134,048,436	0	134,048,436	32,303	134,080,739	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/31/2017 12:28 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient					
	6.00	7.00	8.00				
				9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,692,858		27,692,858		30.00
31.00	03100	INTENSIVE CARE UNIT	7,540,342		7,540,342		31.00
32.00	02060	CORONARY CARE UNIT	2,892,484		2,892,484		32.00
41.00	04100	SUBPROVIDER - I RF	13,827,086		13,827,086		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,072,722		3,072,722		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,878,760	22,141,443	43,020,203	0.185965	50.00
50.01	05001	OUTPATIENT SURGERY	4,915,866	7,779,703	12,695,569	0.237207	50.01
51.00	05100	RECOVERY ROOM	2,774,332	3,349,801	6,124,133	0.216159	51.00
53.00	05300	ANESTHESIOLOGY	7,365,286	10,153,947	17,519,233	0.230099	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,852,447	33,466,179	49,318,626	0.096952	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,237,690	7,989,325	10,227,015	0.190383	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	552,202	9,112,618	9,664,820	0.211263	55.00
56.00	05600	RADIOISOTOPE	1,302,225	8,662,619	9,964,844	0.169032	56.00
60.00	06000	LABORATORY	25,012,462	27,065,479	52,077,941	0.135735	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,295,183	343,844	2,639,027	0.211756	63.00
65.00	06500	RESPIRATORY THERAPY	13,673,926	816,149	14,490,075	0.152170	65.00
66.00	06600	PHYSICAL THERAPY	8,031,020	11,161,254	19,192,274	0.428167	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,606,434	57,680	2,664,114	0.264023	67.00
68.00	06800	SPEECH PATHOLOGY	810,791	606,148	1,416,939	0.301575	68.00
69.00	06900	ELECTROCARDIOLOGY	5,419,880	8,133,740	13,553,620	0.114743	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	286,126	1,072,715	1,358,841	0.363223	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,757,195	9,634,843	27,392,038	0.234839	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,670,033	6,480,597	21,150,630	0.515979	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,804,153	15,539,804	62,343,957	0.156333	73.00
76.00	03630	ULTRA SOUND	2,593,677	6,009,291	8,602,968	0.121784	76.00
76.01	03951	PAIN CLINIC	34,135	6,425,222	6,459,357	0.257533	76.01
76.02	03952	CATH LAB	13,427,802	21,541,449	34,969,251	0.108312	76.02
76.03	03953	ACTIVITY THERAPEUTIC	2,981,651	2,475,138	5,456,789	0.661792	76.03
76.04	03954	WOUND CARE CENTER	12,163	1,488,621	1,500,784	0.530504	76.04
76.05	03340	BARIATRIC CLINIC	1,672	525,802	527,474	1.738036	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	76.07
76.08	03955	ANTI COAGULATION CLINIC	2,576	1,160,226	1,162,802	0.472075	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	9,449,588	26,023,085	35,472,673	0.247563	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,086,652	3,739,804	5,826,456	0.738352	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	278,861,419	252,956,526	531,817,945		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	278,861,419	252,956,526	531,817,945		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/31/2017 12:28 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	02060	CORONARY CARE UNIT			32.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185965		50.00
50.01	05001	OUTPATIENT SURGERY	0.237302		50.01
51.00	05100	RECOVERY ROOM	0.216159		51.00
53.00	05300	ANESTHESIOLOGY	0.230099		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096952		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.190383		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211263		55.00
56.00	05600	RADIOISOTOPE	0.169032		56.00
60.00	06000	LABORATORY	0.135882		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.211756		63.00
65.00	06500	RESPIRATORY THERAPY	0.152216		65.00
66.00	06600	PHYSICAL THERAPY	0.428167		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.264023		67.00
68.00	06800	SPEECH PATHOLOGY	0.301575		68.00
69.00	06900	ELECTROCARDIOLOGY	0.114743		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.363223		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.234839		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.515979		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156333		73.00
76.00	03630	ULTRA SOUND	0.121784		76.00
76.01	03951	PAIN CLINIC	0.257533		76.01
76.02	03952	CATH LAB	0.108331		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.661792		76.03
76.04	03954	WOUND CARE CENTER	0.530615		76.04
76.05	03340	BARIATRIC CLINIC	1.738036		76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0.000000		76.07
76.08	03955	ANTI COAGULATION CLINIC	0.472075		76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.247951		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.738352		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 15-0090

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

Worksheet C
Part I
Date/Time Prepared:
5/31/2017 12: 28 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		23,919,688		23,919,688	30.00
31.00	03100 INTENSIVE CARE UNIT		4,512,963		4,517,225	31.00
32.00	02060 CORONARY CARE UNIT		2,037,504		2,041,423	32.00
41.00	04100 SUBPROVIDER - IRF		5,655,389		5,655,389	41.00
42.00	04200 SUBPROVIDER		0		0	42.00
43.00	04300 NURSERY		1,481,742		1,481,742	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		8,000,259		8,000,259	50.00
50.01	05001 OUTPATIENT SURGERY		3,011,479		3,012,683	50.01
51.00	05100 RECOVERY ROOM		1,323,787		1,323,787	51.00
53.00	05300 ANESTHESIOLOGY		4,031,164		4,031,164	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,781,561		4,781,561	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES		1,947,046		1,947,046	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		2,041,821		2,041,821	55.00
56.00	05600 RADIOISOTOPE		1,684,373		1,684,373	56.00
60.00	06000 LABORATORY		7,068,796		7,076,455	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		558,829		558,829	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,204,957		2,205,628	65.00
66.00	06600 PHYSICAL THERAPY	0	8,217,494		8,217,494	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	703,388		703,388	67.00
68.00	06800 SPEECH PATHOLOGY	0	427,314		427,314	68.00
69.00	06900 ELECTROCARDIOLOGY		1,555,183		1,555,183	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		493,562		493,562	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		6,432,711		6,432,711	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		10,913,279		10,913,279	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		9,746,422		9,746,422	73.00
76.00	03630 ULTRA SOUND		1,047,705		1,047,705	76.00
76.01	03951 PAIN CLINIC		1,663,496		1,663,496	76.01
76.02	03952 CATH LAB		3,787,597		3,788,263	76.02
76.03	03953 ACTIVITY THERAPEUTIC		3,611,262		3,611,262	76.03
76.04	03954 WOUND CARE CENTER		796,172		796,338	76.04
76.05	03340 BARIATRIC CLINIC		916,769		916,769	76.05
76.06	03030 HEALTHY LIVING CENTER		0		0	76.06
76.07	03950 CV RESOURCE CENTER		144,056		144,056	76.07
76.08	03955 ANTI COAGULATION CLINIC		548,930		548,930	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		8,781,738		8,795,494	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,301,973		4,301,973	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		138,350,409	0	138,382,712	200.00
201.00	Less Observation Beds		4,301,973		4,301,973	201.00
202.00	Total (see instructions)		134,048,436	0	134,080,739	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/31/2017 12: 28 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,692,858		27,692,858			30.00
31.00	03100	INTENSIVE CARE UNIT	7,540,342		7,540,342			31.00
32.00	02060	CORONARY CARE UNIT	2,892,484		2,892,484			32.00
41.00	04100	SUBPROVIDER - I RF	13,827,086		13,827,086			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	3,072,722		3,072,722			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,878,760	22,141,443	43,020,203	0.185965	0.185965	50.00
50.01	05001	OUTPATIENT SURGERY	4,915,866	7,779,703	12,695,569	0.237207	0.237207	50.01
51.00	05100	RECOVERY ROOM	2,774,332	3,349,801	6,124,133	0.216159	0.216159	51.00
53.00	05300	ANESTHESIOLOGY	7,365,286	10,153,947	17,519,233	0.230099	0.230099	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,852,447	33,466,179	49,318,626	0.096952	0.096952	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,237,690	7,989,325	10,227,015	0.190383	0.190383	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	552,202	9,112,618	9,664,820	0.211263	0.211263	55.00
56.00	05600	RADIOISOTOPE	1,302,225	8,662,619	9,964,844	0.169032	0.169032	56.00
60.00	06000	LABORATORY	25,012,462	27,065,479	52,077,941	0.135735	0.135735	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,295,183	343,844	2,639,027	0.211756	0.211756	63.00
65.00	06500	RESPIRATORY THERAPY	13,673,926	816,149	14,490,075	0.152170	0.152170	65.00
66.00	06600	PHYSICAL THERAPY	8,031,020	11,161,254	19,192,274	0.428167	0.428167	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,606,434	57,680	2,664,114	0.264023	0.264023	67.00
68.00	06800	SPEECH PATHOLOGY	810,791	606,148	1,416,939	0.301575	0.301575	68.00
69.00	06900	ELECTROCARDIOLOGY	5,419,880	8,133,740	13,553,620	0.114743	0.114743	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	286,126	1,072,715	1,358,841	0.363223	0.363223	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,757,195	9,634,843	27,392,038	0.234839	0.234839	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,670,033	6,480,597	21,150,630	0.515979	0.515979	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,804,153	15,539,804	62,343,957	0.156333	0.156333	73.00
76.00	03630	ULTRA SOUND	2,593,677	6,009,291	8,602,968	0.121784	0.121784	76.00
76.01	03951	PAIN CLINIC	34,135	6,425,222	6,459,357	0.257533	0.257533	76.01
76.02	03952	CATH LAB	13,427,802	21,541,449	34,969,251	0.108312	0.108312	76.02
76.03	03953	ACTIVITY THERAPEUTIC	2,981,651	2,475,138	5,456,789	0.661792	0.661792	76.03
76.04	03954	WOUND CARE CENTER	12,163	1,488,621	1,500,784	0.530504	0.530504	76.04
76.05	03340	BARIATRIC CLINIC	1,672	525,802	527,474	1.738036	1.738036	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000	76.07
76.08	03955	ANTI COAGULATION CLINIC	2,576	1,160,226	1,162,802	0.472075	0.472075	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,449,588	26,023,085	35,472,673	0.247563	0.247563	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,086,652	3,739,804	5,826,456	0.738352	0.738352	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	278,861,419	252,956,526	531,817,945			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	278,861,419	252,956,526	531,817,945			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/31/2017 12:28 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	02060	CORONARY CARE UNIT			32.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	OUTPATIENT SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
76.00	03630	ULTRA SOUND	0.000000		76.00
76.01	03951	PAIN CLINIC	0.000000		76.01
76.02	03952	CATH LAB	0.000000		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.000000		76.03
76.04	03954	WOUND CARE CENTER	0.000000		76.04
76.05	03340	BARIATRIC CLINIC	0.000000		76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0.000000		76.07
76.08	03955	ANTI COAGULATION CLINIC	0.000000		76.08
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
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: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/31/2017 12:28 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)	Hospital Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,118,695	0	2,118,695	22,780	93.01	30.00
31.00	INTENSIVE CARE UNIT	400,291		400,291	2,444	163.79	31.00
32.00	CORONARY CARE UNIT	35,628		35,628	690	51.63	32.00
41.00	SUBPROVIDER - IRF	171,705	0	171,705	7,545	22.76	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	5,714		5,714	797	7.17	43.00
200.00	Total (Lines 30-199)	2,732,033		2,732,033	34,256		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,626	895,314				30.00
31.00	INTENSIVE CARE UNIT	1,256	205,720				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
41.00	SUBPROVIDER - IRF	5,101	116,099				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	15,983	1,217,133				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/31/2017 12:28 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,136,804	43,020,203	0.026425	7,161,884	189,253	50.00
50.01	05001	OUTPATIENT SURGERY	423,717	12,695,569	0.033375	2,404,111	80,237	50.01
51.00	05100	RECOVERY ROOM	125,442	6,124,133	0.020483	1,067,999	21,876	51.00
53.00	05300	ANESTHESIOLOGY	170,100	17,519,233	0.009709	2,855,231	27,721	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	520,838	49,318,626	0.010561	7,574,158	79,991	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	255,916	10,227,015	0.025024	1,605,222	40,169	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	281,536	9,664,820	0.029130	332,005	9,671	55.00
56.00	05600	RADIOISOTOPE	192,434	9,964,844	0.019311	698,126	13,482	56.00
60.00	06000	LABORATORY	167,702	52,077,941	0.003220	11,010,797	35,455	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	53,646	2,639,027	0.020328	1,077,088	21,895	63.00
65.00	06500	RESPIRATORY THERAPY	118,758	14,490,075	0.008196	6,920,701	56,722	65.00
66.00	06600	PHYSICAL THERAPY	83,547	19,192,274	0.004353	1,269,243	5,525	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,238	2,664,114	0.005344	171,628	917	67.00
68.00	06800	SPEECH PATHOLOGY	9,398	1,416,939	0.006633	203,866	1,352	68.00
69.00	06900	ELECTROCARDIOLOGY	177,775	13,553,620	0.013116	2,846,523	37,335	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	114,754	1,358,841	0.084450	136,522	11,529	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	95,247	27,392,038	0.003477	6,922,380	24,069	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	156,640	21,150,630	0.007406	6,334,732	46,915	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	112,473	62,343,957	0.001804	20,625,463	37,208	73.00
76.00	03630	ULTRA SOUND	226,433	8,602,968	0.026320	888,142	23,376	76.00
76.01	03951	PAIN CLINIC	256,475	6,459,357	0.039706	14,646	582	76.01
76.02	03952	CATH LAB	568,500	34,969,251	0.016257	6,533,943	106,222	76.02
76.03	03953	ACTIVITY THERAPEUTIC	122,635	5,456,789	0.022474	46,760	1,051	76.03
76.04	03954	WOUND CARE CENTER	121,495	1,500,784	0.080954	7,610	616	76.04
76.05	03340	BARIATRIC CLINIC	41,961	527,474	0.079551	586	47	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	675	0	0.000000	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	11,314	1,162,802	0.009730	1,484	14	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	513,879	35,472,673	0.014487	3,628,956	52,573	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	381,047	5,826,456	0.065399	1,196,533	78,252	92.00
200.00		Total (lines 50-199)	6,455,379	476,792,453		93,536,339	1,004,055	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/31/2017 12:28 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	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,780	0.00	9,626	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,444	0.00	1,256	0	31.00
32.00	02060	CORONARY CARE UNIT	690	0.00	0	0	32.00
41.00	04100	SUBPROVIDER - I RF	7,545	0.00	5,101	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	797	0.00	0	0	43.00
200.00		Total (lines 30-199)	34,256		15,983	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 12:28 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			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	0	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 12:28 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)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	43,020,203	0.000000	0.000000	7,161,884	50.00
50.01	05001 OUTPATIENT SURGERY	0	12,695,569	0.000000	0.000000	2,404,111	50.01
51.00	05100 RECOVERY ROOM	0	6,124,133	0.000000	0.000000	1,067,999	51.00
53.00	05300 ANESTHESIOLOGY	0	17,519,233	0.000000	0.000000	2,855,231	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	49,318,626	0.000000	0.000000	7,574,158	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	10,227,015	0.000000	0.000000	1,605,222	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,664,820	0.000000	0.000000	332,005	55.00
56.00	05600 RADIOISOTOPE	0	9,964,844	0.000000	0.000000	698,126	56.00
60.00	06000 LABORATORY	0	52,077,941	0.000000	0.000000	11,010,797	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,639,027	0.000000	0.000000	1,077,088	63.00
65.00	06500 RESPIRATORY THERAPY	0	14,490,075	0.000000	0.000000	6,920,701	65.00
66.00	06600 PHYSICAL THERAPY	0	19,192,274	0.000000	0.000000	1,269,243	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,664,114	0.000000	0.000000	171,628	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,416,939	0.000000	0.000000	203,866	68.00
69.00	06900 ELECTROCARDIOLOGY	0	13,553,620	0.000000	0.000000	2,846,523	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,358,841	0.000000	0.000000	136,522	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,392,038	0.000000	0.000000	6,922,380	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,150,630	0.000000	0.000000	6,334,732	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	62,343,957	0.000000	0.000000	20,625,463	73.00
76.00	03630 ULTRA SOUND	0	8,602,968	0.000000	0.000000	888,142	76.00
76.01	03951 PAIN CLINIC	0	6,459,357	0.000000	0.000000	14,646	76.01
76.02	03952 CATH LAB	0	34,969,251	0.000000	0.000000	6,533,943	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0	5,456,789	0.000000	0.000000	46,760	76.03
76.04	03954 WOUND CARE CENTER	0	1,500,784	0.000000	0.000000	7,610	76.04
76.05	03340 BARIATRIC CLINIC	0	527,474	0.000000	0.000000	586	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0.000000	0.000000	0	76.06
76.07	03950 CV RESOURCE CENTER	0	0	0.000000	0.000000	0	76.07
76.08	03955 ANTI COAGULATION CLINIC	0	1,162,802	0.000000	0.000000	1,484	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	35,472,673	0.000000	0.000000	3,628,956	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,826,456	0.000000	0.000000	1,196,533	92.00
200.00	Total (lines 50-199)	0	476,792,453			93,536,339	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 12:28 pm
Title XVIII		Hospital	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS			11.00	12.00	13.00	
50.00	05000	OPERATING ROOM	0	4,223,931	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	2,067,914	0	50.01
51.00	05100	RECOVERY ROOM	0	1,329,088	0	51.00
53.00	05300	ANESTHESIOLOGY	0	2,508,737	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,792,850	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	1,565,570	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,067,795	0	55.00
56.00	05600	RADIOISOTOPE	0	3,413,296	0	56.00
60.00	06000	LABORATORY	0	4,434,711	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	26,041	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	143,437	0	65.00
66.00	06600	PHYSICAL THERAPY	0	133,915	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,360	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	35,039	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,051,985	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	343,549	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,144,039	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,370,831	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,748,169	0	73.00
76.00	03630	ULTRA SOUND	0	1,578,025	0	76.00
76.01	03951	PAIN CLINIC	0	2,420,338	0	76.01
76.02	03952	CATH LAB	0	9,806,525	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	73,701	0	76.03
76.04	03954	WOUND CARE CENTER	0	760,093	0	76.04
76.05	03340	BARIATRIC CLINIC	0	57,627	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	755,234	0	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	4,390,762	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,140,027	0	92.00
200.00		Total (lines 50-199)	0	68,400,589	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/31/2017 12:28 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.185965	4,223,931	0	140	785,503	50.00
50.01	05001	OUTPATIENT SURGERY	0.237207	2,067,914	0	0	490,524	50.01
51.00	05100	RECOVERY ROOM	0.216159	1,329,088	0	0	287,294	51.00
53.00	05300	ANESTHESIOLOGY	0.230099	2,508,737	0	0	577,258	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096952	9,792,850	0	1,776	949,436	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.190383	1,565,570	0	46	298,058	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211263	3,067,795	0	0	648,112	55.00
56.00	05600	RADIOISOTOPE	0.169032	3,413,296	0	0	576,956	56.00
60.00	06000	LABORATORY	0.135735	4,434,711	853	0	601,945	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.211756	26,041	0	0	5,514	63.00
65.00	06500	RESPIRATORY THERAPY	0.152170	143,437	0	0	21,827	65.00
66.00	06600	PHYSICAL THERAPY	0.428167	133,915	0	0	57,338	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.264023	17,360	0	0	4,583	67.00
68.00	06800	SPEECH PATHOLOGY	0.301575	35,039	0	0	10,567	68.00
69.00	06900	ELECTROCARDIOLOGY	0.114743	3,051,985	0	0	350,194	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.363223	343,549	0	0	124,785	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.234839	3,144,039	0	0	738,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.515979	2,370,831	0	0	1,223,299	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156333	5,748,169	7	123,740	898,629	73.00
76.00	03630	ULTRA SOUND	0.121784	1,578,025	0	0	192,178	76.00
76.01	03951	PAIN CLINIC	0.257533	2,420,338	0	0	623,317	76.01
76.02	03952	CATH LAB	0.108312	9,806,525	0	11,698	1,062,164	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.661792	73,701	0	0	48,775	76.03
76.04	03954	WOUND CARE CENTER	0.530504	760,093	0	2,429	403,232	76.04
76.05	03340	BARIATRIC CLINIC	1.738036	57,627	0	0	100,158	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0.472075	755,234	0	0	356,527	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.247563	4,390,762	14	0	1,086,990	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.738352	1,140,027	0	0	841,741	92.00
200.00		Subtotal (see instructions)		68,400,589	874	139,829	13,365,247	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		68,400,589	874	139,829	13,365,247	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/31/2017 12:28 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	26	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	172	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	9	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	116	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1	19,345	73.00
76.00	03630	ULTRA SOUND	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	76.01
76.02	03952	CATH LAB	0	1,267	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	1,289	76.04
76.05	03340	BARIATRIC CLINIC	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	3	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	120	22,108	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	120	22,108	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/31/2017 12:28 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	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,136,804	43,020,203	0.026425	23,176	612	50.00
50.01	05001	OUTPATIENT SURGERY	423,717	12,695,569	0.033375	14,916	498	50.01
51.00	05100	RECOVERY ROOM	125,442	6,124,133	0.020483	0	0	51.00
53.00	05300	ANESTHESIOLOGY	170,100	17,519,233	0.009709	10,473	102	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	520,838	49,318,626	0.010561	562,621	5,942	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	255,916	10,227,015	0.025024	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	281,536	9,664,820	0.029130	64,868	1,890	55.00
56.00	05600	RADIOISOTOPE	192,434	9,964,844	0.019311	18,342	354	56.00
60.00	06000	LABORATORY	167,702	52,077,941	0.003220	5,854	19	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	53,646	2,639,027	0.020328	16,692	339	63.00
65.00	06500	RESPIRATORY THERAPY	118,758	14,490,075	0.008196	583,027	4,778	65.00
66.00	06600	PHYSICAL THERAPY	83,547	19,192,274	0.004353	3,430,110	14,931	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,238	2,664,114	0.005344	2,081,251	11,122	67.00
68.00	06800	SPEECH PATHOLOGY	9,398	1,416,939	0.006633	319,796	2,121	68.00
69.00	06900	ELECTROCARDIOLOGY	177,775	13,553,620	0.013116	1,026,249	13,460	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	114,754	1,358,841	0.084450	6,975	589	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	95,247	27,392,038	0.003477	865,168	3,008	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	156,640	21,150,630	0.007406	49,955	370	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	112,473	62,343,957	0.001804	2,291,255	4,133	73.00
76.00	03630	ULTRA SOUND	226,433	8,602,968	0.026320	101,456	2,670	76.00
76.01	03951	PAIN CLINIC	256,475	6,459,357	0.039706	0	0	76.01
76.02	03952	CATH LAB	568,500	34,969,251	0.016257	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	122,635	5,456,789	0.022474	0	0	76.03
76.04	03954	WOUND CARE CENTER	121,495	1,500,784	0.080954	0	0	76.04
76.05	03340	BARIATRIC CLINIC	41,961	527,474	0.079551	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	675	0	0.000000	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	11,314	1,162,802	0.009730	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	513,879	35,472,673	0.014487	1,291,878	18,715	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,826,456	0.000000	0	0	92.00
200.00		Total (lines 50-199)	6,074,332	476,792,453		12,764,062	85,653	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 12:28 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO 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
76.00 03630 ULTRA SOUND	0	0	0	0	0	76.00
76.01 03951 PAIN CLINIC	0	0	0	0	0	76.01
76.02 03952 CATH LAB	0	0	0	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04 03954 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 12:28 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	43,020,203	0.000000	0.000000	23,176	50.00
50.01 05001 OUTPATIENT SURGERY	0	12,695,569	0.000000	0.000000	14,916	50.01
51.00 05100 RECOVERY ROOM	0	6,124,133	0.000000	0.000000	0	51.00
53.00 05300 ANESTHESIOLOGY	0	17,519,233	0.000000	0.000000	10,473	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	49,318,626	0.000000	0.000000	562,621	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	10,227,015	0.000000	0.000000	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	9,664,820	0.000000	0.000000	64,868	55.00
56.00 05600 RADIOISOTOPE	0	9,964,844	0.000000	0.000000	18,342	56.00
60.00 06000 LABORATORY	0	52,077,941	0.000000	0.000000	5,854	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,639,027	0.000000	0.000000	16,692	63.00
65.00 06500 RESPIRATORY THERAPY	0	14,490,075	0.000000	0.000000	583,027	65.00
66.00 06600 PHYSICAL THERAPY	0	19,192,274	0.000000	0.000000	3,430,110	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,664,114	0.000000	0.000000	2,081,251	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,416,939	0.000000	0.000000	319,796	68.00
69.00 06900 ELECTROCARDIOLOGY	0	13,553,620	0.000000	0.000000	1,026,249	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,358,841	0.000000	0.000000	6,975	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,392,038	0.000000	0.000000	865,168	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,150,630	0.000000	0.000000	49,955	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	62,343,957	0.000000	0.000000	2,291,255	73.00
76.00 03630 ULTRA SOUND	0	8,602,968	0.000000	0.000000	101,456	76.00
76.01 03951 PAIN CLINIC	0	6,459,357	0.000000	0.000000	0	76.01
76.02 03952 CATH LAB	0	34,969,251	0.000000	0.000000	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	5,456,789	0.000000	0.000000	0	76.03
76.04 03954 WOUND CARE CENTER	0	1,500,784	0.000000	0.000000	0	76.04
76.05 03340 BARIATRIC CLINIC	0	527,474	0.000000	0.000000	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0.000000	0.000000	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0.000000	0.000000	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	0	1,162,802	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	35,472,673	0.000000	0.000000	1,291,878	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,826,456	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	476,792,453			12,764,062	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 12:28 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	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
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
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	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
76.00	03630 ULTRA SOUND	0	0	0	76.00
76.01	03951 PAIN CLINIC	0	0	0	76.01
76.02	03952 CATH LAB	0	0	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0	0	0	76.03
76.04	03954 WOUND CARE CENTER	0	0	0	76.04
76.05	03340 BARIATRIC CLINIC	0	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0	0	0	76.07
76.08	03955 ANTI COAGULATION CLINIC	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/31/2017 12:28 pm	
			Title XIX		Subprovider - IRF		Tefra	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,136,804	43,020,203	0.026425	0		50.00
50.01	05001	OUTPATIENT SURGERY	423,717	12,695,569	0.033375	0		50.01
51.00	05100	RECOVERY ROOM	125,442	6,124,133	0.020483	0		51.00
53.00	05300	ANESTHESIOLOGY	170,100	17,519,233	0.009709	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	520,838	49,318,626	0.010561	0		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	255,916	10,227,015	0.025024	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	281,536	9,664,820	0.029130	0		55.00
56.00	05600	RADIOISOTOPE	192,434	9,964,844	0.019311	0		56.00
60.00	06000	LABORATORY	167,702	52,077,941	0.003220	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	53,646	2,639,027	0.020328	0		63.00
65.00	06500	RESPIRATORY THERAPY	118,758	14,490,075	0.008196	0		65.00
66.00	06600	PHYSICAL THERAPY	83,547	19,192,274	0.004353	449,597	1,957	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,238	2,664,114	0.005344	293,745	1,570	67.00
68.00	06800	SPEECH PATHOLOGY	9,398	1,416,939	0.006633	85,675	568	68.00
69.00	06900	ELECTROCARDIOLOGY	177,775	13,553,620	0.013116	28,370	372	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	114,754	1,358,841	0.084450	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	95,247	27,392,038	0.003477	28,382	99	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	156,640	21,150,630	0.007406	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	112,473	62,343,957	0.001804	0	0	73.00
76.00	03630	ULTRA SOUND	226,433	8,602,968	0.026320	0	0	76.00
76.01	03951	PAIN CLINIC	256,475	6,459,357	0.039706	0	0	76.01
76.02	03952	CATH LAB	568,500	34,969,251	0.016257	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	122,635	5,456,789	0.022474	0	0	76.03
76.04	03954	WOUND CARE CENTER	121,495	1,500,784	0.080954	0	0	76.04
76.05	03340	BARIATRIC CLINIC	41,961	527,474	0.079551	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	675	0	0.000000	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	11,314	1,162,802	0.009730	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	513,879	35,472,673	0.014487	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,826,456	0.000000	0	0	92.00
200.00		Total (lines 50-199)	6,074,332	476,792,453		885,769	4,566	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 12:28 pm
	Title XIX	Subprovider - IRF	Tefra

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	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
76.00	03630	ULTRA SOUND	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 12:28 pm
	Title XIX	Subprovider - IRF	Tefra

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	43,020,203	0.000000	0.000000	0 50.00
50.01 05001 OUTPATIENT SURGERY	0	12,695,569	0.000000	0.000000	0 50.01
51.00 05100 RECOVERY ROOM	0	6,124,133	0.000000	0.000000	0 51.00
53.00 05300 ANESTHESIOLOGY	0	17,519,233	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	49,318,626	0.000000	0.000000	0 54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	10,227,015	0.000000	0.000000	0 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	9,664,820	0.000000	0.000000	0 55.00
56.00 05600 RADIOISOTOPE	0	9,964,844	0.000000	0.000000	0 56.00
60.00 06000 LABORATORY	0	52,077,941	0.000000	0.000000	0 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,639,027	0.000000	0.000000	0 63.00
65.00 06500 RESPIRATORY THERAPY	0	14,490,075	0.000000	0.000000	0 65.00
66.00 06600 PHYSICAL THERAPY	0	19,192,274	0.000000	0.000000	449,597 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,664,114	0.000000	0.000000	293,745 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,416,939	0.000000	0.000000	85,675 68.00
69.00 06900 ELECTROCARDIOLOGY	0	13,553,620	0.000000	0.000000	28,370 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,358,841	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,392,038	0.000000	0.000000	28,382 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,150,630	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	62,343,957	0.000000	0.000000	0 73.00
76.00 03630 ULTRA SOUND	0	8,602,968	0.000000	0.000000	0 76.00
76.01 03951 PAIN CLINIC	0	6,459,357	0.000000	0.000000	0 76.01
76.02 03952 CATH LAB	0	34,969,251	0.000000	0.000000	0 76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	5,456,789	0.000000	0.000000	0 76.03
76.04 03954 WOUND CARE CENTER	0	1,500,784	0.000000	0.000000	0 76.04
76.05 03340 BARIATRIC CLINIC	0	527,474	0.000000	0.000000	0 76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0.000000	0.000000	0 76.06
76.07 03950 CV RESOURCE CENTER	0	0	0.000000	0.000000	0 76.07
76.08 03955 ANTI COAGULATION CLINIC	0	1,162,802	0.000000	0.000000	0 76.08
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0	35,472,673	0.000000	0.000000	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,826,456	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	0	476,792,453			885,769 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 12:28 pm
Title XIX		Subprovider - IRF	Tefra

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
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
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	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
76.00	03630 ULTRA SOUND	0	0	0	76.00
76.01	03951 PAIN CLINIC	0	0	0	76.01
76.02	03952 CATH LAB	0	0	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0	0	0	76.03
76.04	03954 WOUND CARE CENTER	0	0	0	76.04
76.05	03340 BARIATRIC CLINIC	0	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0	0	0	76.07
76.08	03955 ANTI COAGULATION CLINIC	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2017 12:28 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,780	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,780	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)		18,683	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)		9,626	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		23,919,688	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)		23,919,688	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		23,919,688	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,050.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,107,589	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)		10,107,589	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/31/2017 12:28 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)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	4,517,225	2,444	1,848.29	1,256	2,321,452
44.00 CORONARY CARE UNIT	2,041,423	690	2,958.58	0	0
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,580,832
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,009,873
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,101,034
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,004,055
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,105,089
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,904,784
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
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
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					4,097
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,050.03
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,301,973

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/31/2017 12:28 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,118,695	23,919,688	0.088575	4,301,973	381,047	90.00
91.00	Nursing School cost	0	23,919,688	0.000000	4,301,973	0	91.00
92.00	Allied health cost	0	23,919,688	0.000000	4,301,973	0	92.00
93.00	All other Medical Education	0	23,919,688	0.000000	4,301,973	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/31/2017 12:28 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,545	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,545	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)		7,545	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)		5,101	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,655,389	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)		5,655,389	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,655,389	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		749.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,823,455	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,823,455	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/31/2017 12:28 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
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						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)					3,329,403	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,152,858	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)					116,099	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					85,653	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					201,752	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,951,106	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/31/2017 12:28 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	171,705	5,655,389	0.030361	0	0	90.00
91.00	Nursing School cost	0	5,655,389	0.000000	0	0	91.00
92.00	Allied health cost	0	5,655,389	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,655,389	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/31/2017 12: 28 pm
		Title XIX	Subprovider - IRF	Tefra
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,545	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,545	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)		7,545	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)		465	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)		797	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,655,389	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)		5,655,389	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,655,389	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		749.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		348,541	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)		348,541	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1	
				Component CCN: 15-T090		Date/Time Prepared: 5/31/2017 12: 28 pm	
				Title XIX	Subprovider - IRF	Tefra	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							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)					305,815		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					654,356		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,566		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,566		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					649,790		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					39		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)					-649,790		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)					4,566		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/31/2017 12:28 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	5,655,389	0.000000	0	0	90.00
91.00	Nursing School cost	0	5,655,389	0.000000	0	0	91.00
92.00	Allied health cost	0	5,655,389	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,655,389	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/31/2017 12:28 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		13,654,748	30.00
31.00	03100	INTENSIVE CARE UNIT		3,318,481	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185965	7,161,884	50.00
50.01	05001	OUTPATIENT SURGERY	0.237302	2,404,111	50.01
51.00	05100	RECOVERY ROOM	0.216159	1,067,999	51.00
53.00	05300	ANESTHESIOLOGY	0.230099	2,855,231	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096952	7,574,158	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.190383	1,605,222	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211263	332,005	55.00
56.00	05600	RADIOISOTOPE	0.169032	698,126	56.00
60.00	06000	LABORATORY	0.135882	11,010,797	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.211756	1,077,088	63.00
65.00	06500	RESPIRATORY THERAPY	0.152216	6,920,701	65.00
66.00	06600	PHYSICAL THERAPY	0.428167	1,269,243	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.264023	171,628	67.00
68.00	06800	SPEECH PATHOLOGY	0.301575	203,866	68.00
69.00	06900	ELECTROCARDIOLOGY	0.114743	2,846,523	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.363223	136,522	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.234839	6,922,380	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.515979	6,334,732	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156333	20,625,463	73.00
76.00	03630	ULTRA SOUND	0.121784	888,142	76.00
76.01	03951	PAIN CLINIC	0.257533	14,646	76.01
76.02	03952	CATH LAB	0.108331	6,533,943	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.661792	46,760	76.03
76.04	03954	WOUND CARE CENTER	0.530615	7,610	76.04
76.05	03340	BARIATRIC CLINIC	1.738036	586	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.472075	1,484	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.247951	3,628,956	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.738352	1,196,533	92.00
200.00		Total (sum of lines 50-94 and 96-98)		93,536,339	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)		93,536,339	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/31/2017 12:28 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		6,185,440	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185965	23,176	50.00
50.01	05001	OUTPATIENT SURGERY	0.237302	14,916	50.01
51.00	05100	RECOVERY ROOM	0.216159	0	51.00
53.00	05300	ANESTHESIOLOGY	0.230099	10,473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096952	562,621	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.190383	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211263	64,868	55.00
56.00	05600	RADIOISOTOPE	0.169032	18,342	56.00
60.00	06000	LABORATORY	0.135882	5,854	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.211756	16,692	63.00
65.00	06500	RESPIRATORY THERAPY	0.152216	583,027	65.00
66.00	06600	PHYSICAL THERAPY	0.428167	3,430,110	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.264023	2,081,251	67.00
68.00	06800	SPEECH PATHOLOGY	0.301575	319,796	68.00
69.00	06900	ELECTROCARDIOLOGY	0.114743	1,026,249	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.363223	6,975	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.234839	865,168	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.515979	49,955	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156333	2,291,255	73.00
76.00	03630	ULTRA SOUND	0.121784	101,456	76.00
76.01	03951	PAIN CLINIC	0.257533	0	76.01
76.02	03952	CATH LAB	0.108331	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.661792	0	76.03
76.04	03954	WOUND CARE CENTER	0.530615	0	76.04
76.05	03340	BARIATRIC CLINIC	1.738036	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0.472075	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.247951	1,291,878	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.738352	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		12,764,062	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)		12,764,062	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Title XIX		Hospital	
				Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,558,452	30.00
31.00	03100	INTENSIVE CARE UNIT		618,114	31.00
32.00	02060	CORONARY CARE UNIT		1,484,134	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185965	3,214,544	50.00
50.01	05001	OUTPATIENT SURGERY	0.237207	203,787	50.01
51.00	05100	RECOVERY ROOM	0.216159	277,096	51.00
53.00	05300	ANESTHESIOLOGY	0.230099	741,484	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096952	1,180,255	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.190383	296,667	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211263	41,103	55.00
56.00	05600	RADIOISOTOPE	0.169032	69,628	56.00
60.00	06000	LABORATORY	0.135735	2,896,021	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.211756	251,782	63.00
65.00	06500	RESPIRATORY THERAPY	0.152170	0	65.00
66.00	06600	PHYSICAL THERAPY	0.428167	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.264023	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.301575	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.114743	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.363223	13,105	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.234839	173,649	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.515979	1,233,944	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156333	4,830,652	73.00
76.00	03630	ULTRA SOUND	0.121784	178,967	76.00
76.01	03951	PAIN CLINIC	0.257533	236	76.01
76.02	03952	CATH LAB	0.108312	501,307	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.661792	0	76.03
76.04	03954	WOUND CARE CENTER	0.530504	0	76.04
76.05	03340	BARIATRIC CLINIC	1.738036	209	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.472075	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.247563	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.738352	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		16,104,436	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)		16,104,436	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/31/2017 12: 28 pm	
		Title XIX	Subprovider - IRF	Tefra	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		481,434	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185965	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.237207	0	50.01
51.00	05100	RECOVERY ROOM	0.216159	0	51.00
53.00	05300	ANESTHESIOLOGY	0.230099	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096952	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.190383	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211263	0	55.00
56.00	05600	RADIOISOTOPE	0.169032	0	56.00
60.00	06000	LABORATORY	0.135735	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.211756	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.152170	0	65.00
66.00	06600	PHYSICAL THERAPY	0.428167	449,597	192,503 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.264023	293,745	77,555 67.00
68.00	06800	SPEECH PATHOLOGY	0.301575	85,675	25,837 68.00
69.00	06900	ELECTROCARDIOLOGY	0.114743	28,370	3,255 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.363223	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.234839	28,382	6,665 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.515979	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156333	0	0 73.00
76.00	03630	ULTRA SOUND	0.121784	0	0 76.00
76.01	03951	PAIN CLINIC	0.257533	0	0 76.01
76.02	03952	CATH LAB	0.108312	0	0 76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.661792	0	0 76.03
76.04	03954	WOUND CARE CENTER	0.530504	0	0 76.04
76.05	03340	BARIATRIC CLINIC	1.738036	0	0 76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0 76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0 76.07
76.08	03955	ANTI COAGULATION CLINIC	0.472075	0	0 76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.247563	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.738352	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		885,769	305,815 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		885,769	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/31/2017 12: 28 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		16,547,545	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,666,067	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)		822,400	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		4,101,827	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		120.81	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		7.80	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)		0.89	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).		3.52	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		10.43	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		7.56	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.50	11.00
12.00	Current year allowable FTE (see instructions)		11.06	12.00
13.00	Total allowable FTE count for the prior year.		12.48	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.		11.94	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.83	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		11.83	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.097922	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.101529	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.097922	21.00
22.00	IME payment adjustment (see instructions)		1,156,352	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		213,525	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-2.87	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,156,352	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		213,525	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.55	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.67	31.00
32.00	Sum of lines 30 and 31		21.22	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.72	33.00
34.00	Disproportionate share adjustment (see instructions)		373,189	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/31/2017 12:28 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000084041	0.000082153	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	538,379	491,068	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	403,049	123,776	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	526,825		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	25,092,378		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)		25,305,903	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,035,647	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).		434,230	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		4,131	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).		0	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)		27,779,911	59.00
60.00	Primary payer payments		13,854	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		27,766,057	61.00
62.00	Deductibles billed to program beneficiaries		2,026,612	62.00
63.00	Coinurance billed to program beneficiaries		176,610	63.00
64.00	Allowable bad debts (see instructions)		318,356	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		206,931	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		114,978	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		25,769,766	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-133,262	70.93
70.94	HRR adjustment amount (see instructions)		-417,725	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/31/2017 12:28 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	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		191,214	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		25,027,565	71.00
71.01	Sequestration adjustment (see instructions)		500,551	71.01
72.00	Interim payments		23,929,687	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)		597,327	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		755,176	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/31/2017 12: 28 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		22,228	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		13,365,247	2.00
3.00	PPS payments		11,132,786	3.00
4.00	Outlier payment (see instructions)		125,003	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)		22,228	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		140,703	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)		140,703	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		140,703	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		118,475	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)		22,228	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)		11,257,789	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,130,237	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)		9,149,780	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		152,372	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)		9,302,152	30.00
31.00	Primary payer payments		1,028	31.00
32.00	Subtotal (line 30 minus line 31)		9,301,124	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		266,022	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		172,914	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		143,844	36.00
37.00	Subtotal (see instructions)		9,474,038	37.00
38.00	MSP-LCC reconciliation amount from PS&R		12	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)		9,474,026	40.00
40.01	Sequestration adjustment (see instructions)		189,481	40.01
41.00	Interim payments		9,320,101	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-35,556	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0090

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2017 12:28 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		23,929,687		9,290,801	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	08/09/2016	29,300	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		29,300	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)		23,929,687		9,320,101	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		597,327		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		35,556	6.02
7.00	Total Medicare program liability (see instructions)		24,527,014		9,284,545	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: 15-0090
Component CCN: 15-T090

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2017 12:28 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					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		7,456,834		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)		7,456,834		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		6,014		0	6.02
7.00	Total Medicare program liability (see instructions)		7,450,820		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: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/31/2017 12:28 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		4,835	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		10,882	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,067	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		21,817	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		531,817,945	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		15,488,832	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/31/2017 12: 28 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			7,245,047 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0208 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			184,749 3.00
4.00	Outlier Payments			248,366 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)			20.614754 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)			7,678,162 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)			7,678,162 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			7,678,162 19.00
20.00	Deductibles			27,020 20.00
21.00	Subtotal (line 19 minus line 20)			7,651,142 21.00
22.00	Coinsurance			50,876 22.00
23.00	Subtotal (line 21 minus line 22)			7,600,266 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,018 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,612 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			881 26.00
27.00	Subtotal (sum of lines 23 and 25)			7,602,878 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)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			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)			7,602,878 32.00
32.01	Sequestration adjustment (see instructions)			152,058 32.01
33.00	Interim payments			7,456,834 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)			-6,014 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			248,366 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: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2017 12:28 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		16,104,436	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		16,104,436	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		16,104,436	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		16,104,436	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2017 12:28 pm	
		Title XIX	Subprovider - IRF	Tefra	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		4,566		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		4,566	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		4,566	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		885,769	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		885,769	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		885,769	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		881,203	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		4,566	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		4,566	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		4,566	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		4,566	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		4,566	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		4,566	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		4,566	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0090		Period: From 01/01/2016 To 12/31/2016		Worksheet E-4 Date/Time Prepared: 5/31/2017 12:28 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					7.76	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.86	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))					3.52	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)					10.42	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					7.56	6.00
7.00	Enter the lesser of line 5 or line 6					7.56	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.	1.43	6.13			7.56	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.	1.43	6.13			7.56	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.37				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	1.43	9.50				11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.87	10.52				12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.82	9.23				13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.71	9.75				14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00				15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00				15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00				16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00				16.01
17.00	Adjusted rolling average FTE count	1.71	9.75				17.00
18.00	Per resident amount	84,557.35	81,721.84				18.00
19.00	Approved amount for resident costs	144,593	796,788			941,381	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)					0.00	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)					941,381	25.00
		Inpatient Part A	Managed care				
		1.00	2.00			3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	15,983	2,694				26.00
27.00	Total Inpatient Days (see instructions)	29,362	29,362				27.00
28.00	Ratio of inpatient days to total inpatient days	0.544343	0.091751				28.00
29.00	Program direct GME amount	512,434	86,373				29.00
30.00	Reduction for direct GME payments for Medicare Advantage		12,205				30.00
31.00	Net Program direct GME amount					586,602	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/31/2017 12:28 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		38,162,731	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)		13,854	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		38,148,877	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		13,387,475	42.00
43.00	Primary payer payments (see instructions)		1,028	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		13,386,447	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		51,535,324	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.740247	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.259753	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		586,602	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		434,230	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		152,372	50.00

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

Provider CCN: 15-0090

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

Worksheet G
Date/Time Prepared:
5/31/2017 12:28 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	231,214,104	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	-58,598,910	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,789,423	0	0	0	6.00
7.00	Inventory	2,557,857	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,910,615	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)	171,294,243	0	0	0	11.00
FIXED ASSETS						
12.00	Land	347,972	0	0	0	12.00
13.00	Land improvements	9,475,046	0	0	0	13.00
14.00	Accumulated depreciation	-5,982,373	0	0	0	14.00
15.00	Buildings	70,766,746	0	0	0	15.00
16.00	Accumulated depreciation	-46,343,267	0	0	0	16.00
17.00	Leasehold improvements	1,512,208	0	0	0	17.00
18.00	Accumulated depreciation	-1,113,066	0	0	0	18.00
19.00	Fixed equipment	145,731,904	0	0	0	19.00
20.00	Accumulated depreciation	-77,686,220	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	96,708,950	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	21,018	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	21,018	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	268,024,211	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,187,699	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,682,025	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	93,229	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,898,068	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,861,021	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	73,242	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	47,627,062	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	47,700,304	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	60,561,325	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	207,462,886				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)	207,462,886	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	268,024,211	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0090

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

Worksheet G-1

Date/Time Prepared:
5/31/2017 12:28 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		195,272,455		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		18,804,625			2.00
3.00	Total (sum of line 1 and line 2)		214,077,080		0	3.00
4.00	Additions (credit adjustments) (specify)	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)		214,077,080		0	11.00
12.00	EQUITY TRANSFERS	6,614,194		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)		6,614,194		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		207,462,886		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	Additions (credit adjustments) (specify)		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	EQUITY TRANSFERS		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: 15-0090

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/31/2017 12:28 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	26,672,332		26,672,332	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	13,827,270		13,827,270	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	40,499,602		40,499,602	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,644,501		7,644,501	11.00
12.00	CORONARY CARE UNIT	2,895,493		2,895,493	12.00
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)	10,539,994		10,539,994	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	51,039,596		51,039,596	17.00
18.00	Ancillary services	212,244,175	223,215,050	435,459,225	18.00
19.00	Outpatient services	9,478,215	32,056,208	41,534,423	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	8,786,529	8,319,544	17,106,073	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	281,548,515	263,590,802	545,139,317	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		154,201,077		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)		154,201,077		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0090

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

Worksheet G-3

Date/Time Prepared:
5/31/2017 12:28 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	545,139,317	1.00
2.00	Less contractual allowances and discounts on patients' accounts	371,994,363	2.00
3.00	Net patient revenues (line 1 minus line 2)	173,144,954	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	154,201,077	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,943,877	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	53,824	6.00
7.00	Income from investments	0	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	589,197	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	502,666	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	188,672	20.00
21.00	Rental of vending machines	18,931	21.00
22.00	Rental of hospital space	72,193	22.00
23.00	Governmental appropriations	0	23.00
24.00	PREMIUM REVENUE	169,434	24.00
24.01	MEANINGFUL USE	-58,509	24.01
24.02	MISC REVENUE	19,843	24.02
24.03	PROGRAM FEES	370,995	24.03
24.04	GAIN/LOSS ON DISPOSAL	-22,889	24.04
25.00	Total other income (sum of lines 6-24)	1,904,357	25.00
26.00	Total (line 5 plus line 25)	20,848,234	26.00
27.00	PROVISION FOR BAD DEBTS	2,043,609	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,043,609	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	18,804,625	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0090	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/31/2017 12:28 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,786,003	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		68,364	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)		59.61	3.00
4.00	Number of interns & residents (see instructions)		11.83	4.00
5.00	Indirect medical education percentage (see instructions)		5.76	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)		102,874	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.55	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.67	8.00
9.00	Sum of lines 7 and 8		21.22	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.39	10.00
11.00	Disproportionate share adjustment (see instructions)		78,406	11.00
12.00	Total prospective capital payments (see instructions)		2,035,647	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00