

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet S Parts I-III Date/Time Prepared: 10/31/2016 8:25 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 10/31/2016	Time: 8:25 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST JOSEPH MEDICAL CENTER (150047) for the cost reporting period beginning 06/01/2015 and ending 05/31/2016 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)

 SR VICE PRESIDENT-REVENUE MANAGEMENT
 Title

 10/31/2016
 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	225,853	-32,694	0	0	1.00
2.00 Subprovider - IPF	0	9,079	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	85	0		0	7.00
200.00 Total	0	235,017	-32,694	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150047		Period: From 06/01/2015 To 05/31/2016		Worksheet S-2 Part I Date/Time Prepared: 10/31/2016 8:18 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 700 BROADWAY STREET		PO Box:						1.00			
2.00 City: FORT WAYNE		State: IN		Zip Code: 46802		County: ALLEN					
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		ST JOSEPH MEDICAL CENTER		150047	23060	1	07/01/1996	N	P	P	3.00
4.00 Subprovider - IPF		ST JOSPEH GENERATIONS		155047	23060	4	06/01/2003	N	P	P	4.00
5.00 Subprovider - IRF											5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF											7.00
8.00 Swing Beds - NF											8.00
9.00 Hospital-Based SNF		SKILLED NURSING FACILITY ST JOSEPH		155356	23060		04/01/1990	N	P	N	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)							06/01/2015	05/31/2016		20.00	
21.00 Type of Control (see instructions)							4			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		2,943	2,253	28	44	4,364	127		24.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet S-2 Part I Date/Time Prepared: 10/31/2016 8:18 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y			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.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0 71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	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.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
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)			106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.			107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00
					1.00	2.00
						3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				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.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	34,433	0			118.01
					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.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet S-2 Part I Date/Time Prepared: 10/31/2016 8:18 am		
		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		679005		140.00
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS, INC.		Contractor's Number: 10301		141.00
142.00	Street: 4000 MERIDIAN BLVD	PO Box:				142.00
143.00	City: FRANKLIN	State: TN		Zip Code: 37067		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.	Y				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00
				1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00
		Part A		Part B		Title V
		1.00		2.00		3.00
						Title XIX
						4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
				1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N			165.00
		Name		County		State
		0		1.00		2.00
						3.00
						4.00
						5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00
				1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		N			167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		0			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.00			169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet S-2 Part I Date/Time Prepared: 10/31/2016 8:18 am
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			171.00
			N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150047		Period: From 06/01/2015 To 05/31/2016		Worksheet S-2 Part II Date/Time Prepared: 10/31/2016 8:18 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	09/23/2016	Y	09/23/2016
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	
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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet S-2 Part II Date/Time Prepared: 10/31/2016 8:18 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		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.			N	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.			N	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.		Y	12/31/2015	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.	KUZI WA		TSI GA	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH SYSTEMS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(615) 465-3416		KUZI WA_TSI GA@CHS.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet S-2
Part II
Date/Time Prepared:
10/31/2016 8:18 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANGER, REVENUE MANAGEMENT	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: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
10/31/2016 8:18 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	72	26,352	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)		72	26,352	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	19	6,954	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	8	2,928	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	12	4,392	0.00	0	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)		111	40,626	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	30	10,980		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	21	7,686		0	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						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: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
10/31/2016 8:18 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	5,711	1,332	20,680			1.00
2.00 HMO and other (see instructions)	3,516	7,364				2.00
3.00 HMO IPF Subprovider	1,026	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	5,711	1,332	20,680			7.00
8.00 INTENSIVE CARE UNIT	166	82	479			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	510	908			8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	211	65	1,511			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		279	783			13.00
14.00 Total (see instructions)	6,088	2,268	24,361	5.13	526.55	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,790	226	6,048	0.00	28.85	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	2,026	0	4,888	0.00	16.95	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						26.25
27.00 Total (sum of lines 14-26)				5.13	572.35	27.00
28.00 Observation Bed Days		0	3,249			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	127	138			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
10/31/2016 8:18 am

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	1,123	1,886	4,824	1.00
2.00 HMO and other (see instructions)			639	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
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
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	1,123	1,886	4,824	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	266	69	422	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150047		Period: From 06/01/2015 To 05/31/2016		Worksheet S-3 Part II Date/Time Prepared: 10/31/2016 8:18 am	
	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	32,106,637	0	32,106,637	1,190,477.72	26.97	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-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	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 personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	1,059,579	0	1,059,579	35,259.75	30.05	9.00
10.00	Excluded area salaries (see instructions)		1,467,761	164,279	1,632,040	65,857.75	24.78	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		51,574	0	51,574	789.00	65.37	11.00
12.00	Contract labor: Top level management and other management and administrative services		216,000	0	216,000	1,440.00	150.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		83,748	0	83,748	606.75	138.03	13.00
14.00	Home office salaries & wage-related costs		2,848,223	0	2,848,223	80,205.00	35.51	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		6,576,982	0	6,576,982			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		622,417	0	622,417			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
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	229,979	0	229,979	7,782.00	29.55	26.00
27.00	Administrative & General	5.00	4,291,776	88,101	4,379,877	174,603.24	25.08	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,002,782	0	1,002,782	47,175.00	21.26	30.00
31.00	Laundry & Linen Service	8.00	1,817	-1,817	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	650,155	0	650,155	54,837.00	11.86	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,723,340	92,628	1,815,968	51,655.76	35.16	38.00
39.00	Central Services and Supply	14.00	343,191	-343,191	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	1,346,806	0	1,346,806	34,017.00	39.59	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
10/31/2016 8:18 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hou rs Rel ated to Sal ari es i n col . 4	Average Hou rly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 168,968	0	168,968	11,765.00	14.36	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: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet S-3
Part III
Date/Time Prepared:
10/31/2016 8:18 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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)	32,106,637	0	32,106,637	1,190,477.72	26.97	1.00
2.00	Excluded area salaries (see instructions)	2,527,340	164,279	2,691,619	101,117.50	26.62	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,579,297	-164,279	29,415,018	1,089,360.22	27.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,199,545	0	3,199,545	83,040.75	38.53	4.00
5.00	Subtotal wage-related costs (see inst.)	6,576,982	0	6,576,982	0.00	22.36	5.00
6.00	Total (sum of lines 3 thru 5)	39,355,824	-164,279	39,191,545	1,172,400.97	33.43	6.00
7.00	Total overhead cost (see instructions)	9,758,814	-164,279	9,594,535	381,835.00	25.13	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 10/31/2016 8:18 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		539,842	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)		3,549,637	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		46,950	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		23,732	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		2,786	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		15,138	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		476,616	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		1,853,808	17.00
18.00	Medicare Taxes - Employers Portion Only		433,552	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		151,535	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		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		7,093,596	24.00
Part B - Other than Core Related Cost				
25.00	OTHER BENEFITS		105,803	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet S-3
Part V
Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet S-7

Date/Time Prepared:
10/31/2016 8:18 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	14	0	14	12.00
13.00	RUB	28	0	28	13.00
14.00	RUA	14	0	14	14.00
15.00	RVC	255	0	255	15.00
16.00	RVB	293	0	293	16.00
17.00	RVA	183	0	183	17.00
18.00	RHC	139	0	139	18.00
19.00	RHB	381	0	381	19.00
20.00	RHA	280	0	280	20.00
21.00	RMC	15	0	15	21.00
22.00	RMB	93	0	93	22.00
23.00	RMA	17	0	17	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	8	0	8	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	10	0	10	31.00
32.00	HD1	6	0	6	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	4	0	4	34.00
35.00	HB2	14	0	14	35.00
36.00	HB1	38	0	38	36.00
37.00	LE2	11	0	11	37.00
38.00	LE1	14	0	14	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	3	0	3	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	28	0	28	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	35	0	35	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	5	0	5	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	37	0	37	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	23	0	23	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	78	0	78	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet S-7

Date/Time Prepared:
10/31/2016 8:18 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		2,026	0	2,026	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
SNF SERVICES				

201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	23060	23060	201.00
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		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)					

202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	3,551,360			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet S-10 Date/Time Prepared: 10/31/2016 8:18 am
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			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)		0.152079	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		26,404,261	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		9,585,629	5.00	
6.00	Medicaid charges		171,321,222	6.00	
7.00	Medicaid cost (line 1 times line 6)		26,054,360	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (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)		453,222	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		3,864,869	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		587,765	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)		134,543	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		134,543	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	931,193	49,898	981,091	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	141,615	7,588	149,203	21.00
22.00	Partial payment by patients approved for charity care	1,817	4,967	6,784	22.00
23.00	Cost of charity care (line 21 minus line 22)	139,798	2,621	142,419	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		23,966,039	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		320,092	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		23,645,947	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,596,052	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,738,471	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,873,014	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet A Date/Time Prepared: 10/31/2016 8:18 am		
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 CAP REL COSTS-BLDG & FIXT		1,990,758	1,990,758	1,045,274	3,036,032	1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		4,093,564	4,093,564	1,344,304	5,437,868	2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	229,979	149,057	379,036	4,754,094	5,133,130	4.00	
5.01 00560 OTHER ADMINISTRATIVE AND GENERAL	4,291,776	22,895,395	27,187,171	-27,187,171	0	5.01	
5.02 00550 DATA PROCESSING	0	0	0	1,822,981	1,822,981	5.02	
5.03 00591 PURCHASING AND RECEIVING	0	0	0	1,171,785	1,171,785	5.03	
5.04 00540 CENTRAL SCHEDULING	0	0	0	1,322,427	1,322,427	5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	2,285,594	2,285,594	5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	0	0	0	14,537,664	14,537,664	5.06	
7.00 00700 OPERATION OF PLANT	1,002,782	2,480,229	3,483,011	87,965	3,570,976	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	1,817	453,181	454,998	-77,746	377,252	8.00	
9.00 00900 HOUSEKEEPING	650,155	421,589	1,071,744	5,334	1,077,078	9.00	
10.00 01000 DIETARY	0	2,138,004	2,138,004	-849,342	1,288,662	10.00	
11.00 01100 CAFETERIA	0	0	0	848,352	848,352	11.00	
13.00 01300 NURSING ADMINISTRATION	1,664,180	244,483	1,908,663	308,178	2,216,841	13.00	
13.01 01850 PASTORAL CARE	59,160	15,725	74,885	0	74,885	13.01	
14.00 01400 CENTRAL SERVICES & SUPPLY	343,191	7,117,482	7,460,673	-7,460,673	0	14.00	
15.00 01500 PHARMACY	1,346,806	4,337,437	5,684,243	-3,829,954	1,854,289	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	168,968	197,928	366,896	0	366,896	16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	2,174,023	2,174,023	-2,174,023	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,174,023	2,174,023	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	6,673,015	2,829,608	9,502,623	-1,420,738	8,081,885	30.00	
31.00 03100 INTENSIVE CARE UNIT	310,512	112,694	423,206	0	423,206	31.00	
31.01 02060 NEONATAL INTENSIVE CARE UNIT	679,004	163,056	842,060	0	842,060	31.01	
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	1,660,128	1,660,128	33.00	
40.00 04000 SUBPROVIDER - I PF	1,465,484	196,005	1,661,489	0	1,661,489	40.00	
43.00 04300 NURSERY	0	0	0	273,026	273,026	43.00	
44.00 04400 SKILLED NURSING FACILITY	1,059,579	144,310	1,203,889	0	1,203,889	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	1,312,218	1,807,523	3,119,741	-494,770	2,624,971	50.00	
50.01 03330 ENDOSCOPY	0	0	0	494,631	494,631	50.01	
51.00 05100 RECOVERY ROOM	429,063	36,760	465,823	0	465,823	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	856,941	515,136	1,372,077	-514,189	857,888	52.00	
53.00 05300 ANESTHESIOLOGY	0	1,168,979	1,168,979	0	1,168,979	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,202,017	1,144,102	2,346,119	778,830	3,124,949	54.00	
54.01 03630 ULTRA SOUND	340,494	34,433	374,927	-374,927	0	54.01	
56.00 05600 RADIOISOTOPE	87,395	289,037	376,432	-376,432	0	56.00	
57.00 05700 CT SCAN	191,567	29,900	221,467	-221,467	0	57.00	
58.00 05800 MRI	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	1,329,169	1,329,169	59.00	
60.00 06000 LABORATORY	2,044,554	2,150,606	4,195,160	-674,796	3,520,364	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	519,383	519,383	62.00	
65.00 06500 RESPIRATORY THERAPY	672,194	170,660	842,854	-17,672	825,182	65.00	
66.00 06600 PHYSICAL THERAPY	558,828	164,653	723,481	-96,595	626,886	66.00	
67.00 06700 OCCUPATIONAL THERAPY	323,547	34,091	357,638	0	357,638	67.00	
68.00 06800 SPEECH PATHOLOGY	77,213	7,406	84,619	0	84,619	68.00	
69.00 06900 ELECTROCARDIOLOGY	868,383	575,592	1,443,975	-1,329,169	114,806	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,917,815	3,917,815	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,952,808	1,952,808	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	3,619,995	3,619,995	73.00	
74.00 07400 RENAL DIALYSIS	0	359,244	359,244	0	359,244	74.00	
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00	
76.01 03951 SLEEP LAB	0	0	0	0	0	76.01	
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	386,379	36,231	422,610	-56	422,554	76.02	
76.03 03952 WOUND CARE	775,064	176,531	951,595	-549	951,046	76.03	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	160,314	28,787	189,101	-3	189,098	90.00	
91.00 09100 EMERGENCY	1,871,781	696,934	2,568,715	0	2,568,715	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	32,104,360	61,581,133	93,685,493	-846,512	92,838,981	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,277	27,495	29,772	0	29,772	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	365	365	0	365	192.00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
194.01 07951 MARKETING	0	0	0	846,512	846,512	194.01	
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	194.02	
194.03 07953 SELECT SPECIALTY	0	0	0	0	0	194.03	
194.04 07954 FREE MEALS	0	0	0	0	0	194.04	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150047		Period: From 06/01/2015 To 05/31/2016	Worksheet A Date/Time Prepared: 10/31/2016 8:18 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118-199)	32,106,637	61,608,993	93,715,630	0	93,715,630	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet A
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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	3,163,150	6,199,182	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-930,499	4,507,369	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,440	5,128,690	4.00
5.01	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	5.01
5.02	00550	DATA PROCESSING	0	1,822,981	5.02
5.03	00591	PURCHASING AND RECEIVING	0	1,171,785	5.03
5.04	00540	CENTRAL SCHEDULING	0	1,322,427	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-23,614	2,261,980	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-1,980,612	12,557,052	5.06
7.00	00700	OPERATION OF PLANT	-30,752	3,540,224	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	27,500	404,752	8.00
9.00	00900	HOUSEKEEPING	0	1,077,078	9.00
10.00	01000	DIETARY	0	1,288,662	10.00
11.00	01100	CAFETERIA	-166,413	681,939	11.00
13.00	01300	NURSING ADMINISTRATION	-2,130	2,214,711	13.00
13.01	01850	PASTORAL CARE	0	74,885	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	1,854,289	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,351	364,545	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,174,023	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,237,314	6,844,571	30.00
31.00	03100	INTENSIVE CARE UNIT	0	423,206	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	842,060	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	-505,594	1,154,534	33.00
40.00	04000	SUBPROVIDER - IPF	0	1,661,489	40.00
43.00	04300	NURSERY	0	273,026	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,203,889	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-698,903	1,926,068	50.00
50.01	03330	ENDOSCOPY	0	494,631	50.01
51.00	05100	RECOVERY ROOM	0	465,823	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-375,977	481,911	52.00
53.00	05300	ANESTHESIOLOGY	-1,167,506	1,473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,193	3,123,756	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,329,169	59.00
60.00	06000	LABORATORY	0	3,520,364	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	519,383	62.00
65.00	06500	RESPIRATORY THERAPY	0	825,182	65.00
66.00	06600	PHYSICAL THERAPY	0	626,886	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	357,638	67.00
68.00	06800	SPEECH PATHOLOGY	0	84,619	68.00
69.00	06900	ELECTROCARDIOLOGY	0	114,806	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-360	3,917,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,952,808	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,619,995	73.00
74.00	07400	RENAL DIALYSIS	0	359,244	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.01	03951	SLEEP LAB	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	422,554	76.02
76.03	03952	WOUND CARE	0	951,046	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	189,098	90.00
91.00	09100	EMERGENCY	0	2,568,715	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-3,937,008	88,901,973	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,772	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	365	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	MARKETING	0	846,512	194.01
194.02	07952	SENIOR CIRCLE	0	0	194.02
194.03	07953	SELECT SPECIALTY	0	0	194.03
194.04	07954	FREE MEALS	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-3,937,008	89,778,622	200.00

RECLASSIFICATIONS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,754,094	1.00
	TOTALS		0	4,754,094	
B - OXYGEN					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	47,853	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	47,853	
C - LEASE AND RENTAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,330,832	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	2,812	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
8.00		0.00	0	0	8.00
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
	TOTALS		0	1,333,644	
D - OTHER CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	147,249	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	898,025	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,472	3.00
	TOTALS		0	1,058,746	
E - MARKETING					
1.00	MARKETING	194.01	164,279	682,233	1.00
	TOTALS		164,279	682,233	
F - CNO					
1.00	NURSING ADMINISTRATION	13.00	92,628	216,000	1.00
	TOTALS		92,628	216,000	
G - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,869,962	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,952,808	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	5,822,770	
H - DRUGS AND IV COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,619,995	1.00
	TOTALS		0	3,619,995	
I - A&G COSTS					
1.00	DATA PROCESSING	5.02	733,927	1,089,054	1.00
2.00	PURCHASING AND RECEIVING	5.03	409,940	761,845	2.00
3.00	CENTRAL SCHEDULING	5.04	1,176,827	145,600	3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	10,764	2,274,830	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,305,326	19,226,628	5.00
	TOTALS		4,636,784	23,497,957	
J - RADIOLOGY					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	619,456	353,370	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		619,456	353,370	
K - DIETARY					
1.00	CAFETERIA	11.00	0	848,352	1.00
	TOTALS		0	848,352	
L - MISC DEPARTMENTS					
1.00	BURN INTENSIVE CARE UNIT	33.00	953,886	706,242	1.00
2.00	CARDIAC CATHETERIZATION	59.00	767,534	561,635	2.00
3.00		0.00	0	0	3.00
4.00	ENDOSCOPY	50.01	275,016	219,615	4.00
5.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	519,383	5.00
	TOTALS		1,996,436	2,006,875	
M - UTILITIES RECLASS					
1.00	OPERATION OF PLANT	7.00	0	91,166	1.00
2.00	HOUSEKEEPING	9.00	0	5,334	2.00
3.00		0.00	0	0	3.00

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

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		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
		TOTALS		0	96,500	
N - INTERNS AND RESIDENT COSTS						
1.00		I&R SERVICES-OTHER PRGM	22.00	0	2,174,023	1.00
		COSTS APPRV				
		TOTALS		0	2,174,023	
O - OB/GYN COSTS						
1.00		ADULTS & PEDIATRICS	30.00	214,972	26,191	1.00
2.00		NURSERY	43.00	232,171	40,855	2.00
		TOTALS		447,143	67,046	
500.00		Grand Total: Increases		7,956,726	46,579,458	500.00

RECLASSIFICATIONS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - EMPLOYEE BENEFITS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,754,094	0	1.00
	TOTALS		0	4,754,094		
B - OXYGEN						
1.00	OPERATION OF PLANT	7.00	0	2,107	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	28,512	0	2.00
3.00	RESPIRATORY THERAPY	65.00	0	17,234	0	3.00
	TOTALS		0	47,853		
C - LEASE AND RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	25,856	10	1.00
2.00	OPERATION OF PLANT	7.00	0	1,094	0	2.00
3.00	DIETARY	10.00	0	990	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	450	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	711,130	0	5.00
6.00	PHARMACY	15.00	0	209,959	0	6.00
8.00	ADULTS & PEDIATRICS	30.00	0	1,773	0	8.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	129,779	0	12.00
13.00	LABORATORY	60.00	0	155,413	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	96,595	0	14.00
15.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	56	0	15.00
16.00	WOUND CARE	76.03	0	549	0	16.00
	TOTALS		0	1,333,644		
D - OTHER CAPITAL COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,058,746	12	1.00
2.00		0.00	0	0	13	2.00
3.00		0.00	0	0	12	3.00
	TOTALS		0	1,058,746		
E - MARKETING						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	164,279	682,233	0	1.00
	TOTALS		164,279	682,233		
F - CNO						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	92,628	216,000	0	1.00
	TOTALS		92,628	216,000		
G - MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,822,190	0	1.00
2.00	OPERATING ROOM	50.00	0	139	0	2.00
3.00	RESPIRATORY THERAPY	65.00	0	438	0	3.00
4.00	CLINIC	90.00	0	3	0	4.00
	TOTALS		0	5,822,770		
H - DRUGS AND IV COSTS						
1.00	PHARMACY	15.00	0	3,619,995	0	1.00
	TOTALS		0	3,619,995		
I - A&G COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	4,291,776	22,895,395	0	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	1,817	46,912	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	343,191	555,650	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
	TOTALS		4,636,784	23,497,957		
J - RADIOLOGY						
1.00	ULTRA SOUND	54.01	340,494	34,433	0	1.00
2.00	RADIOISOTOPE	56.00	87,395	289,037	0	2.00
3.00	CT SCAN	57.00	191,567	29,900	0	3.00
	TOTALS		619,456	353,370		
K - DIETARY						
1.00	DIETARY	10.00	0	848,352	0	1.00
	TOTALS		0	848,352		
L - MISC DEPARTMENTS						
1.00		0.00	0	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	953,886	706,242	0	2.00
3.00	LABORATORY	60.00	0	519,383	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	767,534	561,635	0	4.00
5.00	OPERATING ROOM	50.00	275,016	219,615	0	5.00
	TOTALS		1,996,436	2,006,875		

RECLASSIFICATIONS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet A-6
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
M - UTILITIES RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	454	0	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	31,829	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	64,217	0	3.00
	TOTALS		0	96,500		
N - INTERNS AND RESIDENT COSTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	2,174,023	0	1.00
	TOTALS		0	2,174,023		
O - OB/GYN COSTS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	447,143	67,046	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		447,143	67,046		
500.00	Grand Total: Decreases		7,956,726	46,579,458		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150047

Period:
From 06/01/2015
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Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,348,028	0	0	0	1.00
2.00	Land Improvements	1,764,690	0	0	0	2.00
3.00	Buildings and Fixtures	28,514,428	17,577	0	17,577	3.00
4.00	Building Improvements	27,253,709	2,356,296	0	2,356,296	4.00
5.00	Fixed Equipment	17,597,484	61,484	0	61,484	5.00
6.00	Movable Equipment	50,007,431	1,612,469	0	1,612,469	6.00
7.00	HIT designated Assets	2,834,603	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	137,320,373	4,047,826	0	4,047,826	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	137,320,373	4,047,826	0	4,047,826	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,348,028	0			1.00
2.00	Land Improvements	1,764,690	0			2.00
3.00	Buildings and Fixtures	28,532,005	0			3.00
4.00	Building Improvements	29,610,005	0			4.00
5.00	Fixed Equipment	17,657,206	0			5.00
6.00	Movable Equipment	49,203,330	0			6.00
7.00	HIT designated Assets	2,833,813	0			7.00
8.00	Subtotal (sum of lines 1-7)	138,949,077	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	138,949,077	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet A-7
Part II
Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	1,990,758	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,093,564	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,084,322	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	1,990,758				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,093,564				2.00
3.00	Total (sum of lines 1-2)	0	6,084,322				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet A-7
Part III
Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	69,254,728	0	69,254,728	0.498418	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	69,694,350	0	69,694,350	0.501582	0	2.00
3.00	Total (sum of lines 1-2)	138,949,078	0	138,949,078	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	3,188,428	-66,946	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,163,065	1,330,832	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,351,493	1,263,886	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,032,426	147,249	898,025	0	6,199,182	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,472	0	0	4,507,369	2.00
3.00	Total (sum of lines 1-2)	2,032,426	160,721	898,025	0	10,706,551	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet A-8

Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)			0		0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-66,946		CAP REL COSTS-BLDG & FIXT	1.00	10 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-14,842		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 7.00
8.00 Television and radio service (chapter 21)	A	-30,752		OPERATION OF PLANT	7.00	0 8.00
9.00 Parking lot (chapter 21)			0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-4,534,363				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,154		RADIOLOGY-DIAGNOSTIC	54.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	1,611,700				0 12.00
13.00 Laundry and linen service			0		0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-166,413		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	B	-2,351		MEDICAL RECORDS & LIBRARY	16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0 19.00
20.00 Vending machines	B	-2,592		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	951,160		CAP REL COSTS-BLDG & FIXT	1.00	9 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-859,774		CAP REL COSTS-MVBLE EQUIP	2.00	9 27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant			0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00 INSERVICE EDUCATION REVENUE	B	-2,130		NURSING ADMINISTRATION	13.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet A-8

Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.01 FITNESS REVENUE	B	-1,245	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 33.01
33.02 TELEPHONE COMMISSION	B	-1,080	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 33.02
33.03 SALE OF SUPPLIES	B	-360	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 33.03
33.04 MISC REVENUE	B	-85,420	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 33.04
33.05 CLUB DUES	A	-6,045	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 33.05
33.06 PATIENT PHONE WAGE COSTS	A	-19,801	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 33.06
33.07 PATIENT PHONES BENEFITS	A	-4,440	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.07
33.08 PATIENT TV DEPRECIATION COSTS	A	-259	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.08
33.09 PATIENT TV DEPRECIATION	A	-4,827	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.09
33.10 NONALLOWABLE MARKETING	A	-12,917	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 33.10
33.11 PHYSICIAN RECRUITING	A	-137,128	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 33.11
33.12 LOBBYING EXPENSE IN DUES	A	-10,041	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 33.12
33.13 CHARITABLE CONTRIBUTIONS	A	-94,019	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 33.13
33.14 PENALTIES	A	-2,462	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 33.14
33.15 IMPUTED RENT	A	-115,195	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 33.15
33.16 NONALLOWABLE LEGAL EXPENSES	A	-323,312	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 33.16
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,937,008			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: 150047

Period: From 06/01/2015 To 05/31/2016

Worksheet A-8-1

Date/Time Prepared: 10/31/2016 8:18 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT ALLOCATION - CAPITAL-	2,009,530	0
2.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS - BLDG &	19,790	0
3.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS - MOVEABL	3,106	0
4.00	5.05	CASHIERING/ACCOUNTS RECEIVAB	PASI OPERATING COSTS	294,321	0
4.01	0.00			0	0
4.02	0.00			0	0
4.03	5.06	OTHER ADMINISTRATIVE AND GEN	SHARED SERVICE CENTER ALLOCA	310,239	0
4.04	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL - BUILDING & FIX	16,640	0
4.05	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL - MOVABLE EQUIPM	229,870	0
4.06	5.06	OTHER ADMINISTRATIVE AND GEN	NON-CAPITAL HOME OFFICE COST	2,766,934	0
4.07	5.06	OTHER ADMINISTRATIVE AND GEN	MALPRACTICE COSTS (SEE EXHIB	121,383	0
4.08	2.00	CAP REL COSTS-MVBLE EQUIP	CIG LEASED EQUIPMENT (SEE EX	47,467	0
4.09	8.00	LAUNDRY & LINEN SERVICE	HOSPITAL LAUNDRY SERVICES (S	446,721	0
4.10	5.06	OTHER ADMINISTRATIVE AND GEN	MANAGEMENT FEES	0	2,136,367
4.11	5.06	OTHER ADMINISTRATIVE AND GEN	401K FEES	0	6,208
4.12	5.06	OTHER ADMINISTRATIVE AND GEN	AUDIT FEES	0	58,076
4.13	5.06	OTHER ADMINISTRATIVE AND GEN	CORPORATE OVERHEAD ALLOCATIO	0	1,309,017
4.14	5.06	OTHER ADMINISTRATIVE AND GEN	PPSI FEES	0	25,245
4.15	5.05	CASHIERING/ACCOUNTS RECEIVAB	PASI COLLECTION FEES	0	317,935
4.16	5.06	OTHER ADMINISTRATIVE AND GEN	EBOS FEES	0	4,459
4.17	5.06	OTHER ADMINISTRATIVE AND GEN	PASI LIEN UNIT COLLECTION FE	0	32,618
4.18	5.06	OTHER ADMINISTRATIVE AND GEN	MALPRACTICE ALLOCATIONS (PER	0	232,049
4.19	2.00	CAP REL COSTS-MVBLE EQUIP	CIG LEASED EQUIPMENT (PER EX	0	113,106
4.20	8.00	LAUNDRY & LINEN SERVICE	HOSPITAL LAUNDRY SERVICES (P	0	419,221
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			6,266,001	4,654,301

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

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

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

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

6.00	B		0.00	CHS, INC	100.00	6.00
7.00	B		0.00	PASI	100.00	7.00
8.00	C		33.00	SHARED LAUNDRY	33.00	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

(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: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet A-8-1

Date/Time Prepared:
10/31/2016 8:18 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,009,530	11		1.00
2.00	19,790	11		2.00
3.00	3,106	11		3.00
4.00	294,321	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	310,239	0		4.03
4.04	16,640	9		4.04
4.05	229,870	9		4.05
4.06	2,766,934	0		4.06
4.07	121,383	0		4.07
4.08	47,467	9		4.08
4.09	446,721	0		4.09
4.10	-2,136,367	0		4.10
4.11	-6,208	0		4.11
4.12	-58,076	0		4.12
4.13	-1,309,017	0		4.13
4.14	-25,245	0		4.14
4.15	-317,935	0		4.15
4.16	-4,459	0		4.16
4.17	-32,618	0		4.17
4.18	-232,049	0		4.18
4.19	-113,106	9		4.19
4.20	-419,221	0		4.20
5.00	1,611,700			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	OWNER		6.00
7.00	DEBT COLLECTION		7.00
8.00	LAUNDRY		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet A-8-2

Date/Time Prepared:
10/31/2016 8:18 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	549,030	549,030	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,237,314	1,237,314	0	0	0	2.00
3.00	33.00	BURN INTENSIVE CARE UNIT	505,594	505,594	0	0	0	3.00
4.00	50.00	OPERATING ROOM	698,903	698,903	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	375,977	375,977	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,167,506	1,167,506	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	39	39	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,534,363	4,534,363	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	549,030		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,237,314		2.00
3.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	505,594		3.00
4.00	50.00	OPERATING ROOM	0	0	0	698,903		4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	375,977		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	1,167,506		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	39		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	4,534,363		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet B
Part I
Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	OTHER ADMINISTRATIVE AND GENERAL	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	6,199,182	6,199,182			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,507,369		4,507,369		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,128,690	70,165	51,017	5,249,872	4.00
5.01 00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	1,822,981	199,686	145,190	120,873	5.02
5.03 00591	PURCHASING AND RECEIVING	1,171,785	172,863	125,687	67,514	5.03
5.04 00540	CENTRAL SCHEDULING	1,322,427	49,200	35,773	193,815	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,261,980	0	0	1,773	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	12,557,052	134,487	97,784	337,360	5.06
7.00 00700	OPERATION OF PLANT	3,540,224	1,055,572	767,498	165,151	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	404,752	55,088	40,054	0	8.00
9.00 00900	HOUSEKEEPING	1,077,078	834,043	606,425	107,076	9.00
10.00 01000	DIETARY	1,288,662	260,544	189,439	0	10.00
11.00 01100	CAFETERIA	681,939	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,214,711	30,020	21,827	289,334	13.00
13.01 01850	PASTORAL CARE	74,885	34,674	25,211	9,743	13.01
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	1,854,289	0	0	221,810	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	364,545	156,121	113,514	27,828	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,174,023	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,844,571	554,765	403,365	977,314	30.00
31.00 03100	INTENSIVE CARE UNIT	423,206	182,929	133,006	51,139	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	842,060	40,815	29,676	111,827	31.01
33.00 03300	BURN INTENSIVE CARE UNIT	1,154,534	104,274	75,817	157,098	33.00
40.00 04000	SUBPROVIDER - IPF	1,661,489	79,235	57,611	241,355	40.00
43.00 04300	NURSERY	273,026	0	0	38,237	43.00
44.00 04400	SKILLED NURSING FACILITY	1,203,889	145,817	106,022	174,505	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,926,068	224,725	163,396	170,820	50.00
50.01 03330	ENDOSCOPY	494,631	30,734	22,346	45,293	50.01
51.00 05100	RECOVERY ROOM	465,823	95,829	69,676	70,664	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	481,911	85,272	62,000	67,491	52.00
53.00 05300	ANESTHESIOLOGY	1,473	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,123,756	245,066	178,185	299,984	54.00
54.01 03630	ULTRA SOUND	0	0	0	0	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,329,169	27,299	19,849	126,407	59.00
60.00 06000	LABORATORY	3,520,364	209,752	152,509	336,724	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	519,383	11,493	8,357	0	62.00
65.00 06500	RESPIRATORY THERAPY	825,182	85,227	61,968	110,706	65.00
66.00 06600	PHYSICAL THERAPY	626,886	110,742	80,519	92,035	66.00
67.00 06700	OCCUPATIONAL THERAPY	357,638	42,391	30,822	53,286	67.00
68.00 06800	SPEECH PATHOLOGY	84,619	16,326	11,870	12,716	68.00
69.00 06900	ELECTROCARDIOLOGY	114,806	15,538	11,297	16,609	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,917,455	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,952,808	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,619,995	36,726	26,703	0	73.00
74.00 07400	RENAL DIALYSIS	359,244	29,886	21,730	0	74.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.01 03951	SLEEP LAB	0	0	0	0	76.01
76.02 03550	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	422,554	48,442	35,222	63,634	76.02
76.03 03952	WOUND CARE	951,046	127,707	92,855	127,648	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	189,098	31,611	22,984	26,403	90.00
91.00 09100	EMERGENCY	2,568,715	196,222	142,671	308,269	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	88,901,973	5,831,286	4,239,875	5,222,441	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,772	15,047	10,941	375	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	365	0	0	0	192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01 07951	MARKETING	846,512	0	0	27,056	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	OTHER ADMINISTRATIVE AND GENERAL	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	0 194.02
194.03 07953 SELECT SPECIALTY	0	352,849	256,553	0	0	0 194.03
194.04 07954 FREE MEALS	0	0	0	0	0	0 194.04
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)	89,778,622	6,199,182	4,507,369	5,249,872	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

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Cost Center Description			DATA PROCESSING	PURCHASING AND RECEIVING	CENTRAL SCHEDULING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
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	00560	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING	2,288,730					5.02
5.03	00591	PURCHASING AND RECEIVING	0	1,537,849				5.03
5.04	00540	CENTRAL SCHEDULING	0	6,860	1,608,075			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	177	0	2,263,930		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	2,977	0	0	13,129,660	5.06
7.00	00700	OPERATION OF PLANT	0	1,190	0	0	5,529,635	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	602	0	0	500,496	8.00
9.00	00900	HOUSEKEEPING	0	18,922	0	0	2,643,544	9.00
10.00	01000	DIETARY	0	19,122	0	0	1,757,767	10.00
11.00	01100	CAFETERIA	0	0	0	0	681,939	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,545	0	0	2,558,437	13.00
13.01	01850	PASTORAL CARE	0	113	0	0	144,626	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	26,354	0	0	2,102,453	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,062	0	0	663,070	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	2,174,023	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	209,483	63,969	147,192	207,217	9,407,876	30.00
31.00	03100	INTENSIVE CARE UNIT	7,606	6,392	5,344	7,523	817,145	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	13,065	8,418	9,180	12,924	1,067,965	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	40,301	18,964	28,317	39,865	1,619,170	33.00
40.00	04000	SUBPROVIDER - I/PF	77,188	7,781	54,236	76,353	2,255,248	40.00
43.00	04300	NURSERY	3,521	0	2,474	3,483	320,741	43.00
44.00	04400	SKILLED NURSING FACILITY	14,774	8,355	10,381	14,614	1,678,357	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	180,840	108,759	127,066	178,884	3,080,558	50.00
50.01	03330	ENDOSCOPY	23,096	20,220	16,228	22,846	675,394	50.01
51.00	05100	RECOVERY ROOM	26,307	9	18,485	26,023	772,816	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,215	12,287	4,367	6,148	725,691	52.00
53.00	05300	ANESTHESIOLOGY	25,196	45	17,704	24,924	69,342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	339,679	5,600	238,588	335,963	4,766,821	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	96,530	56,347	67,826	95,485	1,818,912	59.00
60.00	06000	LABORATORY	270,254	68,828	189,892	267,330	5,015,653	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	16,444	4,920	11,554	16,266	588,417	62.00
65.00	06500	RESPIRATORY THERAPY	74,119	16,090	52,079	73,318	1,298,689	65.00
66.00	06600	PHYSICAL THERAPY	23,380	1,861	16,428	23,127	974,978	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,191	193	10,674	15,027	525,222	67.00
68.00	06800	SPEECH PATHOLOGY	3,556	77	2,498	3,517	135,179	68.00
69.00	06900	ELECTROCARDIOLOGY	15,348	1,002	10,784	15,182	200,566	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	111,760	634,036	78,528	110,551	4,852,330	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	114,328	319,936	80,332	113,092	2,580,496	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	318,364	0	223,696	314,920	4,540,404	73.00
74.00	07400	RENAL DIALYSIS	9,123	980	6,410	9,024	436,397	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	14,699	792	10,328	14,540	610,211	76.02
76.03	03952	WOUND CARE	34,215	18,561	24,041	33,845	1,409,918	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	509	2,617	357	503	274,082	90.00
91.00	09100	EMERGENCY	203,639	63,541	143,086	201,436	3,827,579	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,288,730	1,530,504	1,608,075	2,263,930	88,231,807	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,024	0	0	63,159	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	365	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	321	0	0	873,889	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	SELECT SPECIALTY	0	0	0	0	609,402	194.03
194.04	07954	FREE MEALS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments					0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

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Cost Center Description		DATA PROCESSING	PURCHASING AND RECEIVING	CENTRAL SCHEDULING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,288,730	1,537,849	1,608,075	2,263,930	89,778,622	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00550						5.02
5.03	00591						5.03
5.04	00540						5.04
5.05	00580						5.05
5.06	00590	13,129,660					5.06
7.00	00700		947,204	6,476,839			7.00
8.00	00800		85,733	78,987	665,216		8.00
9.00	00900		452,829	1,195,863	0	4,292,236	9.00
10.00	01000		301,098	373,572	0	308,239	10.00
11.00	01100		116,813	0	0	0	11.00
13.00	01300		438,250	43,043	0	35,515	13.00
13.01	01850		24,774	49,716	0	41,021	13.01
14.00	01400		0	0	0	0	14.00
15.00	01500		360,142	0	879	0	15.00
16.00	01600		113,581	223,849	0	184,701	16.00
21.00	02100		0	0	0	0	21.00
22.00	02200		372,401	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,611,533	795,430	275,532	656,320	1,208,837	30.00
31.00	03100	139,974	262,287	9,302	216,417	28,000	31.00
31.01	02060	182,938	58,520	1,888	48,286	0	31.01
33.00	03300	277,357	149,510	30,673	123,363	88,318	33.00
40.00	04000	386,315	113,609	22,096	93,740	353,525	40.00
43.00	04300	54,942	0	3,356	0	0	43.00
44.00	04400	287,496	209,075	45,444	172,511	285,725	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	527,687	322,214	19,208	265,864	0	50.00
50.01	03330	115,692	44,066	29,434	36,360	0	50.01
51.00	05100	132,380	137,400	15,684	113,371	0	51.00
52.00	05200	124,308	122,264	0	100,882	0	52.00
53.00	05300	11,878	0	0	0	0	53.00
54.00	05400	816,537	351,379	39,925	289,928	0	54.00
54.01	03630	0	0	0	0	0	54.01
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	311,572	39,142	15,698	32,296	0	59.00
60.00	06000	859,161	300,746	2,513	248,150	0	60.00
62.00	06200	100,793	16,480	0	13,597	0	62.00
65.00	06500	222,460	122,200	273	100,829	0	65.00
66.00	06600	167,010	158,783	0	131,014	0	66.00
67.00	06700	89,968	60,780	0	50,151	0	67.00
68.00	06800	23,156	23,408	0	19,314	0	68.00
69.00	06900	34,356	22,278	2,805	18,382	0	69.00
71.00	07100	831,185	0	0	0	0	71.00
72.00	07200	442,029	0	0	0	0	72.00
73.00	07300	777,753	52,658	0	43,449	0	73.00
74.00	07400	74,753	42,851	2,604	35,357	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.01	03951	0	0	0	0	0	76.01
76.02	03550	104,527	69,457	0	57,310	0	76.02
76.03	03952	241,513	183,108	2,809	151,085	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	46,949	45,324	24,491	37,398	0	90.00
91.00	09100	655,649	281,346	119,252	232,143	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		12,864,696	5,949,345	663,866	3,856,993	1,964,405	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	10,819	21,575	0	17,802	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	63	0	1,350	0	336,697	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	149,694	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	104,388	505,919	0	417,441	232,754	194.03
194.04	07954	0	0	0	0	206,820	194.04
200.00							200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150047

Period:
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To 05/31/2016

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	13,129,660	6,476,839	665,216	4,292,236	2,740,676	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150047

Period:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PASTORAL CARE	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	13.00	13.01	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00550						5.02
5.03	00591						5.03
5.04	00540						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	798,752					11.00
13.00	01300	44,889	3,120,134				13.00
13.01	01850	2,441	0	262,578			13.01
14.00	01400	0	0	0	0		14.00
15.00	01500	29,559	0	0	0	2,493,033	15.00
16.00	01600	10,233	0	0	0	0	16.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	187,546	1,320,227	111,105	0	0	30.00
31.00	03100	8,913	62,727	5,279	0	0	31.00
31.01	02060	18,567	130,648	10,995	0	0	31.01
33.00	03300	29,089	204,718	17,228	0	0	33.00
40.00	04000	52,157	367,140	30,897	0	0	40.00
43.00	04300	6,563	46,244	3,892	0	0	43.00
44.00	04400	30,643	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	32,650	229,835	19,342	0	0	50.00
50.01	03330	6,761	47,590	4,005	0	0	50.01
51.00	05100	11,588	92,120	7,752	0	0	51.00
52.00	05200	24,316	81,621	6,869	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	60,618	0	0	0	0	54.00
54.01	03630	0	0	0	0	0	54.01
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	20,266	142,695	12,009	0	0	59.00
60.00	06000	71,212	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
65.00	06500	20,592	0	0	0	0	65.00
66.00	06600	15,909	0	0	0	0	66.00
67.00	06700	6,599	0	0	0	0	67.00
68.00	06800	1,681	0	0	0	0	68.00
69.00	06900	2,893	0	0	0	0	69.00
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	2,493,033	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.01	03951	0	0	0	0	0	76.01
76.02	03550	13,125	0	0	0	0	76.02
76.03	03952	23,376	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	5,424	0	0	0	0	90.00
91.00	09100	56,044	394,569	33,205	0	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		793,654	3,120,134	262,578	0	2,493,033	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	163	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	4,935	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
194.04	07954	0	0	0	0	0	194.04
200.00							200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PASTORAL CARE	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	13.00	13.01	14.00	15.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	798,752	3,120,134	262,578	0	2,493,033	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150047

Period:
From 06/01/2015
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Cost Center Description	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		16.00	21.00			
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 00560	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00591	PURCHASING AND RECEIVING					5.03
5.04 00540	CENTRAL SCHEDULING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
13.01 01850	PASTORAL CARE					13.01
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,195,434				16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,546,424			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	109,425	0	376,176	16,060,007	-376,176 30.00
31.00 03100	INTENSIVE CARE UNIT	3,973	0	0	1,554,017	0 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	6,825	0	0	1,526,632	0 31.01
33.00 03300	BURN INTENSIVE CARE UNIT	21,051	0	0	2,560,477	0 33.00
40.00 04000	SUBPROVIDER - IPF	40,320	0	0	3,715,047	0 40.00
43.00 04300	NURSERY	1,839	0	0	437,577	0 43.00
44.00 04400	SKILLED NURSING FACILITY	7,717	0	0	2,716,968	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	94,463	0	564,264	5,156,085	-564,264 50.00
50.01 03330	ENDOSCOPY	12,064	0	0	971,366	0 50.01
51.00 05100	RECOVERY ROOM	13,742	0	0	1,296,853	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,246	0	0	1,189,197	0 52.00
53.00 05300	ANESTHESIOLOGY	13,161	0	0	94,381	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	177,337	0	0	6,502,545	0 54.00
54.01 03630	ULTRA SOUND	0	0	0	0	0 54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	50,423	0	0	2,443,013	0 59.00
60.00 06000	LABORATORY	141,168	0	0	6,638,603	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	8,590	0	0	727,877	0 62.00
65.00 06500	RESPIRATORY THERAPY	38,717	0	0	1,803,760	0 65.00
66.00 06600	PHYSICAL THERAPY	12,213	0	0	1,459,907	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	7,935	0	0	740,655	0 67.00
68.00 06800	SPEECH PATHOLOGY	1,857	0	0	204,595	0 68.00
69.00 06900	ELECTROCARDIOLOGY	8,017	0	0	289,297	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	58,379	0	0	5,741,894	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	59,720	0	0	3,082,245	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	166,299	0	0	8,073,596	0 73.00
74.00 07400	RENAL DIALYSIS	4,765	0	0	596,727	0 74.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0 76.00
76.01 03951	SLEEP LAB	0	0	0	0	0 76.01
76.02 03550	PSYCHIATRICAL/Psychological SERVICES	7,678	0	0	862,308	0 76.02
76.03 03952	WOUND CARE	17,872	0	28,937	2,058,618	-28,937 76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	266	0	1,417,895	1,851,829	-1,417,895 90.00
91.00 09100	EMERGENCY	106,372	0	0	5,706,159	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,195,434	0	2,387,272	86,062,235	-2,387,272 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	113,518	0 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	159,152	497,627	-159,152 192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	0	1,028,518	0 194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

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Part I
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Cost Center Description	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		16.00	21.00			
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 07953 SELECT SPECIALTY	0	0	0	1,869,904	0	194.03
194.04 07954 FREE MEALS	0	0	0	206,820	0	194.04
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,195,434	0	2,546,424	89,778,622	-2,546,424	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150047

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00560 OTHER ADMINISTRATIVE AND GENERAL		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00591 PURCHASING AND RECEIVING		5.03
5.04	00540 CENTRAL SCHEDULING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
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
13.01	01850 PASTORAL CARE		13.01
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	15,683,831	30.00
31.00	03100 INTENSIVE CARE UNIT	1,554,017	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	1,526,632	31.01
33.00	03300 BURN INTENSIVE CARE UNIT	2,560,477	33.00
40.00	04000 SUBPROVIDER - I PF	3,715,047	40.00
43.00	04300 NURSERY	437,577	43.00
44.00	04400 SKILLED NURSING FACILITY	2,716,968	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,591,821	50.00
50.01	03330 ENDOSCOPY	971,366	50.01
51.00	05100 RECOVERY ROOM	1,296,853	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,189,197	52.00
53.00	05300 ANESTHESIOLOGY	94,381	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,502,545	54.00
54.01	03630 ULTRA SOUND	0	54.01
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MRI	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,443,013	59.00
60.00	06000 LABORATORY	6,638,603	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	727,877	62.00
65.00	06500 RESPIRATORY THERAPY	1,803,760	65.00
66.00	06600 PHYSICAL THERAPY	1,459,907	66.00
67.00	06700 OCCUPATIONAL THERAPY	740,655	67.00
68.00	06800 SPEECH PATHOLOGY	204,595	68.00
69.00	06900 ELECTROCARDIOLOGY	289,297	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,741,894	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,082,245	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,073,596	73.00
74.00	07400 RENAL DIALYSIS	596,727	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	76.00
76.01	03951 SLEEP LAB	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	862,308	76.02
76.03	03952 WOUND CARE	2,029,681	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	433,934	90.00
91.00	09100 EMERGENCY	5,706,159	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	83,674,963	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	113,518	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	338,475	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 MARKETING	1,028,518	194.01
194.02	07952 SENIOR CIRCLE	0	194.02
194.03	07953 SELECT SPECIALTY	1,869,904	194.03
194.04	07954 FREE MEALS	206,820	194.04
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	87,232,198	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

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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	70,165	51,017	121,182	4.00
5.01 00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	199,686	145,190	344,876	5.02
5.03 00591	PURCHASING AND RECEIVING	0	172,863	125,687	298,550	5.03
5.04 00540	CENTRAL SCHEDULING	0	49,200	35,773	84,973	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	134,487	97,784	232,271	5.06
7.00 00700	OPERATION OF PLANT	0	1,055,572	767,498	1,823,070	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	55,088	40,054	95,142	8.00
9.00 00900	HOUSEKEEPING	0	834,043	606,425	1,440,468	9.00
10.00 01000	DIETARY	0	260,544	189,439	449,983	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	30,020	21,827	51,847	13.00
13.01 01850	PASTORAL CARE	0	34,674	25,211	59,885	13.01
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	156,121	113,514	269,635	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	554,765	403,365	958,130	30.00
31.00 03100	INTENSIVE CARE UNIT	0	182,929	133,006	315,935	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	40,815	29,676	70,491	31.01
33.00 03300	BURN INTENSIVE CARE UNIT	0	104,274	75,817	180,091	33.00
40.00 04000	SUBPROVIDER - I PF	0	79,235	57,611	136,846	40.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	145,817	106,022	251,839	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	224,725	163,396	388,121	50.00
50.01 03330	ENDOSCOPY	0	30,734	22,346	53,080	50.01
51.00 05100	RECOVERY ROOM	0	95,829	69,676	165,505	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	85,272	62,000	147,272	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	245,066	178,185	423,251	54.00
54.01 03630	ULTRA SOUND	0	0	0	0	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	27,299	19,849	47,148	59.00
60.00 06000	LABORATORY	0	209,752	152,509	362,261	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,493	8,357	19,850	62.00
65.00 06500	RESPIRATORY THERAPY	0	85,227	61,968	147,195	65.00
66.00 06600	PHYSICAL THERAPY	0	110,742	80,519	191,261	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	42,391	30,822	73,213	67.00
68.00 06800	SPEECH PATHOLOGY	0	16,326	11,870	28,196	68.00
69.00 06900	ELECTROCARDIOLOGY	0	15,538	11,297	26,835	69.00
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	36,726	26,703	63,429	73.00
74.00 07400	RENAL DIALYSIS	0	29,886	21,730	51,616	74.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.01 03951	SLEEP LAB	0	0	0	0	76.01
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	48,442	35,222	83,664	76.02
76.03 03952	WOUND CARE	0	127,707	92,855	220,562	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	31,611	22,984	54,595	90.00
91.00 09100	EMERGENCY	0	196,222	142,671	338,893	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,831,286	4,239,875	10,071,161	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,047	10,941	25,988	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01 07951	MARKETING	0	0	0	0	194.01
194.02 07952	SENIOR CIRCLE	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150047

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From 06/01/2015
To 05/31/2016

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
194.03 07953 SELECT SPECIALTY	0	352,849	256,553	609,402		0 194.03
194.04 07954 FREE MEALS	0	0	0	0		0 194.04
200.00 Cross Foot Adjustments				0		0 200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	0	6,199,182	4,507,369	10,706,551	121,182	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet B Part II Date/Time Prepared: 10/31/2016 8:18 am		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.01	DATA PROCESSING 5.02	PURCHASING AND RECEIVING 5.03	CENTRAL SCHEDULING 5.04	CASHIERING/ACC OUNTS RECEIVABLE 5.05
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	00560	OTHER ADMINISTRATIVE AND GENERAL	0				5.01
5.02	00550	DATA PROCESSING	0	347,666			5.02
5.03	00591	PURCHASING AND RECEIVING	0	0	300,109		5.03
5.04	00540	CENTRAL SCHEDULING	0	0	1,339	90,786	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	35	0	76 5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	581	0	0 5.06
7.00	00700	OPERATION OF PLANT	0	0	232	0	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	117	0	0 8.00
9.00	00900	HOUSEKEEPING	0	0	3,693	0	0 9.00
10.00	01000	DIETARY	0	0	3,732	0	0 10.00
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	0	497	0	0 13.00
13.01	01850	PASTORAL CARE	0	0	22	0	0 13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00	01500	PHARMACY	0	0	5,143	0	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	207	0	0 16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	31,825	12,483	8,309	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,155	1,247	302	0 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	1,985	1,643	518	0 31.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	6,123	3,701	1,598	0 33.00
40.00	04000	SUBPROVIDER - I PF	0	11,727	1,519	3,062	0 40.00
43.00	04300	NURSERY	0	535	0	140	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,244	1,630	586	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	27,474	21,224	7,173	0 50.00
50.01	03330	ENDOSCOPY	0	3,509	3,946	916	0 50.01
51.00	05100	RECOVERY ROOM	0	3,997	2	1,043	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	944	2,398	247	0 52.00
53.00	05300	ANESTHESIOLOGY	0	3,828	9	999	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,561	1,093	13,479	76 54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0 54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,665	10,996	3,829	0 59.00
60.00	06000	LABORATORY	0	41,058	13,432	10,719	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,498	960	652	0 62.00
65.00	06500	RESPIRATORY THERAPY	0	11,260	3,140	2,940	0 65.00
66.00	06600	PHYSICAL THERAPY	0	3,552	363	927	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,308	38	603	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	540	15	141	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,332	195	609	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,979	123,730	4,433	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,369	62,435	4,535	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	48,367	0	12,627	0 73.00
74.00	07400	RENAL DIALYSIS	0	1,386	191	362	0 74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0 76.00
76.01	03951	SLEEP LAB	0	0	0	0	0 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,233	154	583	0 76.02
76.03	03952	WOUND CARE	0	5,198	3,622	1,357	0 76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	77	511	20	0 90.00
91.00	09100	EMERGENCY	0	30,937	12,400	8,077	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	347,666	298,675	90,786	76 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,371	0	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01	07951	MARKETING	0	0	63	0	0 194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0 194.02
194.03	07953	SELECT SPECIALTY	0	0	0	0	0 194.03
194.04	07954	FREE MEALS	0	0	0	0	0 194.04
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150047			Period: From 06/01/2015 To 05/31/2016		Worksheet B Part II Date/Time Prepared: 10/31/2016 8:18 am	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.01	DATA PROCESSING 5.02	PURCHASING AND RECEIVING 5.03	CENTRAL SCHEDULING 5.04	CASHIERING/ACC OUNTS RECEIVABLE 5.05		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	347,666	300,109	90,786	76	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet B Part II Date/Time Prepared: 10/31/2016 8:18 am		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
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	00560	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING AND RECEIVING					5.03
5.04	00540	CENTRAL SCHEDULING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	240,640				5.06
7.00	00700	OPERATION OF PLANT	17,363	1,844,478			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,572	22,494	119,325		8.00
9.00	00900	HOUSEKEEPING	8,301	340,561	0	1,795,495	9.00
10.00	01000	DIETARY	5,519	106,386	0	128,940	694,560 10.00
11.00	01100	CAFETERIA	2,141	0	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	8,033	12,258	0	14,856	0 13.00
13.01	01850	PASTORAL CARE	454	14,158	0	17,160	0 13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00	01500	PHARMACY	6,602	0	158	0	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,082	63,748	0	77,263	0 16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,826	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,504	226,523	49,424	274,547	306,351 30.00
31.00	03100	INTENSIVE CARE UNIT	2,566	74,694	1,669	90,530	7,096 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,353	16,665	339	20,199	0 31.01
33.00	03300	BURN INTENSIVE CARE UNIT	5,084	42,577	5,502	51,604	22,382 33.00
40.00	04000	SUBPROVIDER - I/PF	7,081	32,354	3,963	39,213	89,593 40.00
43.00	04300	NURSERY	1,007	0	602	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	5,270	59,540	8,152	72,163	72,410 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,673	91,760	3,445	111,214	0 50.00
50.01	03330	ENDOSCOPY	2,121	12,549	5,280	15,210	0 50.01
51.00	05100	RECOVERY ROOM	2,427	39,129	2,813	47,425	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,279	34,818	0	42,200	0 52.00
53.00	05300	ANESTHESIOLOGY	218	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,968	100,066	7,162	121,280	0 54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0 54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	5,711	11,147	2,816	13,510	0 59.00
60.00	06000	LABORATORY	15,749	85,647	451	103,804	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,848	4,693	0	5,688	0 62.00
65.00	06500	RESPIRATORY THERAPY	4,078	34,800	49	42,178	0 65.00
66.00	06600	PHYSICAL THERAPY	3,061	45,218	0	54,805	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,649	17,309	0	20,979	0 67.00
68.00	06800	SPEECH PATHOLOGY	424	6,666	0	8,079	0 68.00
69.00	06900	ELECTROCARDIOLOGY	630	6,344	503	7,689	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,236	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,103	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,257	14,996	0	18,175	0 73.00
74.00	07400	RENAL DIALYSIS	1,370	12,203	467	14,790	0 74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0 76.00
76.01	03951	SLEEP LAB	0	0	0	0	0 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,916	19,780	0	23,973	0 76.02
76.03	03952	WOUND CARE	4,427	52,146	504	63,201	0 76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	861	12,907	4,393	15,644	0 90.00
91.00	09100	EMERGENCY	12,019	80,122	21,391	97,108	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	235,783	1,694,258	119,083	1,613,427	497,832 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	198	6,144	0	7,447	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1	0	242	0	85,328 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01	07951	MARKETING	2,744	0	0	0	0 194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0 194.02
194.03	07953	SELECT SPECIALTY	1,914	144,076	0	174,621	58,986 194.03
194.04	07954	FREE MEALS	0	0	0	0	52,414 194.04
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150047			Period: From 06/01/2015 To 05/31/2016		Worksheet B Part II Date/Time Prepared: 10/31/2016 8:18 am	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	240,640	1,844,478	119,325	1,795,495	694,560		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150047		Period: From 06/01/2015 To 05/31/2016		Worksheet B Part II Date/Time Prepared: 10/31/2016 8:18 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PASTORAL CARE	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	13.00	13.01	14.00	15.00	
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	00560	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING AND RECEIVING						5.03
5.04	00540	CENTRAL SCHEDULING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	2,141					11.00
13.00	01300	NURSING ADMINISTRATION	120	94,290				13.00
13.01	01850	PASTORAL CARE	7	0	91,911			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	79	0	0	0	17,103	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	27	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	502	39,896	38,891	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	24	1,896	1,848	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	50	3,948	3,849	0	0	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	78	6,187	6,030	0	0	33.00
40.00	04000	SUBPROVIDER - I PF	140	11,095	10,815	0	0	40.00
43.00	04300	NURSERY	18	1,397	1,362	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	82	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	88	6,946	6,770	0	0	50.00
50.01	03330	ENDOSCOPY	18	1,438	1,402	0	0	50.01
51.00	05100	RECOVERY ROOM	31	2,784	2,714	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65	2,467	2,404	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	162	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	54	4,312	4,203	0	0	59.00
60.00	06000	LABORATORY	191	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	55	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	43	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	17,103	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	35	0	0	0	0	76.02
76.03	03952	WOUND CARE	63	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	15	0	0	0	0	90.00
91.00	09100	EMERGENCY	150	11,924	11,623	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,128	94,290	91,911	0	17,103	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	MARKETING	13	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	SELECT SPECIALTY	0	0	0	0	0	194.03
194.04	07954	FREE MEALS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150047			Period: From 06/01/2015 To 05/31/2016		Worksheet B Part II Date/Time Prepared: 10/31/2016 8:18 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PASTORAL CARE	CENTRAL SERVICES & SUPPLY	PHARMACY		
		11.00	13.00	13.01	14.00	15.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,141	94,290	91,911	0	17,103	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet B
Part II
Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	16.00	21.00	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 00560 OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00591 PURCHASING AND RECEIVING					5.03
5.04 00540 CENTRAL SCHEDULING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL					5.06
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
13.01 01850 PASTORAL CARE					13.01
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	413,604				16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0		6,826		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	37,868			2,036,798	0 30.00
31.00 03100 INTENSIVE CARE UNIT	1,375			501,518	0 31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	2,362			127,984	0 31.01
33.00 03300 BURN INTENSIVE CARE UNIT	7,285			341,869	0 33.00
40.00 04000 SUBPROVIDER - IPF	13,953			366,933	0 40.00
43.00 04300 NURSERY	636			6,580	0 43.00
44.00 04400 SKILLED NURSING FACILITY	2,671			480,616	0 44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	32,690			710,521	0 50.00
50.01 03330 ENDOSCOPY	4,175			104,690	0 50.01
51.00 05100 RECOVERY ROOM	4,756			274,257	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,123			237,775	0 52.00
53.00 05300 ANESTHESIOLOGY	4,555			9,609	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	61,276			801,299	0 54.00
54.01 03630 ULTRA SOUND	0			0	0 54.01
56.00 05600 RADIOISOTOPE	0			0	0 56.00
57.00 05700 CT SCAN	0			0	0 57.00
58.00 05800 MRI	0			0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	17,450			138,759	0 59.00
60.00 06000 LABORATORY	48,854			689,939	0 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	2,973			39,162	0 62.00
65.00 06500 RESPIRATORY THERAPY	13,398			261,649	0 65.00
66.00 06600 PHYSICAL THERAPY	4,226			305,581	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	2,746			120,093	0 67.00
68.00 06800 SPEECH PATHOLOGY	643			45,003	0 68.00
69.00 06900 ELECTROCARDIOLOGY	2,774			48,302	0 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20,203			180,581	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	20,667			113,109	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	57,550			246,504	0 73.00
74.00 07400 RENAL DIALYSIS	1,649			84,034	0 74.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0			0	0 76.00
76.01 03951 SLEEP LAB	0			0	0 76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,657			136,464	0 76.02
76.03 03952 WOUND CARE	6,185			360,212	0 76.03
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	92			89,725	0 90.00
91.00 09100 EMERGENCY	36,812			668,573	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1-117)	413,604	0	0	9,528,139	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			41,157	0 190.00
191.00 19100 RESEARCH	0			0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0			85,571	0 192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0			0	0 194.00
194.01 07951 MARKETING	0			3,445	0 194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet B
Part II
Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	16.00	21.00	22.00	24.00	25.00	
194.02 07952 SENIOR CIRCLE	0			0	0	194.02
194.03 07953 SELECT SPECIALTY	0			988,999		194.03
194.04 07954 FREE MEALS	0			52,414		194.04
200.00 Cross Foot Adjustments			6,826	6,826		200.00
201.00 Negative Cost Centers	0		0	0		201.00
202.00 TOTAL (sum lines 118-201)	413,604	0	6,826	10,706,551		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet B Part II Date/Time Prepared: 10/31/2016 8:18 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00560	OTHER ADMINISTRATIVE AND GENERAL		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00591	PURCHASING AND RECEIVING		5.03
5.04	00540	CENTRAL SCHEDULING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
13.01	01850	PASTORAL CARE		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,036,798	30.00
31.00	03100	INTENSIVE CARE UNIT	501,518	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	127,984	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	341,869	33.00
40.00	04000	SUBPROVIDER - I PF	366,933	40.00
43.00	04300	NURSERY	6,580	43.00
44.00	04400	SKILLED NURSING FACILITY	480,616	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	710,521	50.00
50.01	03330	ENDOSCOPY	104,690	50.01
51.00	05100	RECOVERY ROOM	274,257	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	237,775	52.00
53.00	05300	ANESTHESIOLOGY	9,609	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	801,299	54.00
54.01	03630	ULTRA SOUND	0	54.01
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	138,759	59.00
60.00	06000	LABORATORY	689,939	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	39,162	62.00
65.00	06500	RESPIRATORY THERAPY	261,649	65.00
66.00	06600	PHYSICAL THERAPY	305,581	66.00
67.00	06700	OCCUPATIONAL THERAPY	120,093	67.00
68.00	06800	SPEECH PATHOLOGY	45,003	68.00
69.00	06900	ELECTROCARDIOLOGY	48,302	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	180,581	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	113,109	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	246,504	73.00
74.00	07400	RENAL DIALYSIS	84,034	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	76.00
76.01	03951	SLEEP LAB	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	136,464	76.02
76.03	03952	WOUND CARE	360,212	76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	89,725	90.00
91.00	09100	EMERGENCY	668,573	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,528,139	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,157	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	85,571	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951	MARKETING	3,445	194.01
194.02	07952	SENIOR CIRCLE	0	194.02
194.03	07953	SELECT SPECIALTY	988,999	194.03
194.04	07954	FREE MEALS	52,414	194.04
200.00		Cross Foot Adjustments	6,826	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	10,706,551	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet B-1

Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	DATA PROCESSING (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FOOTAGE)	MVBLE EQUIP (SQUARE FOOTAGE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	416,929				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		416,929			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,719	4,719	31,876,658		4.00
5.01 00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	13,430	13,430	733,927	550,207,230	5.02
5.03 00591	PURCHASING AND RECEIVING	11,626	11,626	409,940	0	5.03
5.04 00540	CENTRAL SCHEDULING	3,309	3,309	1,176,827	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	10,764	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	9,045	9,045	2,048,419	0	5.06
7.00 00700	OPERATION OF PLANT	70,993	70,993	1,002,782	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,705	3,705	0	0	8.00
9.00 00900	HOUSEKEEPING	56,094	56,094	650,155	0	9.00
10.00 01000	DIETARY	17,523	17,523	0	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,019	2,019	1,756,808	0	13.00
13.01 01850	PASTORAL CARE	2,332	2,332	59,160	0	13.01
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	1,346,806	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	10,500	10,500	168,968	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	37,311	37,311	5,934,101	50,356,603	30.00
31.00 03100	INTENSIVE CARE UNIT	12,303	12,303	310,512	1,828,258	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	2,745	2,745	679,004	3,140,697	31.01
33.00 03300	BURN INTENSIVE CARE UNIT	7,013	7,013	953,886	9,687,756	33.00
40.00 04000	SUBPROVIDER - IPF	5,329	5,329	1,465,484	18,554,919	40.00
43.00 04300	NURSERY	0	0	232,171	846,396	43.00
44.00 04400	SKILLED NURSING FACILITY	9,807	9,807	1,059,579	3,551,360	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	15,114	15,114	1,037,202	43,471,142	50.00
50.01 03330	ENDOSCOPY	2,067	2,067	275,016	5,551,891	50.01
51.00 05100	RECOVERY ROOM	6,445	6,445	429,063	6,323,894	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,735	5,735	409,798	1,493,951	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	6,056,813	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,482	16,482	1,821,473	81,685,617	54.00
54.01 03630	ULTRA SOUND	0	0	0	0	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,836	1,836	767,534	23,204,248	59.00
60.00 06000	LABORATORY	14,107	14,107	2,044,554	64,964,792	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	773	773	0	3,952,861	62.00
65.00 06500	RESPIRATORY THERAPY	5,732	5,732	672,194	17,817,136	65.00
66.00 06600	PHYSICAL THERAPY	7,448	7,448	558,828	5,620,185	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,851	2,851	323,547	3,651,684	67.00
68.00 06800	SPEECH PATHOLOGY	1,098	1,098	77,213	854,761	68.00
69.00 06900	ELECTROCARDIOLOGY	1,045	1,045	100,849	3,689,417	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,865,454	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,482,802	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,470	2,470	0	76,529,742	73.00
74.00 07400	RENAL DIALYSIS	2,010	2,010	0	2,192,998	74.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.01 03951	SLEEP LAB	0	0	0	0	76.01
76.02 03550	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	3,258	3,258	386,379	3,533,303	76.02
76.03 03952	WOUND CARE	8,589	8,589	775,064	8,224,694	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,126	2,126	160,314	122,245	90.00
91.00 09100	EMERGENCY	13,197	13,197	1,871,781	48,951,611	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	392,186	392,186	31,710,102	550,207,230	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,012	1,012	2,277	0	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01 07951	MARKETING	0	0	164,279	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet B-1

Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	DATA PROCESSING (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FOOTAGE)	MVBLE EQUIP (SQUARE FOOTAGE)				
	1.00	2.00				
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 07953 SELECT SPECIALTY	23,731	23,731	0	0	0	194.03
194.04 07954 FREE MEALS	0	0	0	0	0	194.04
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)	6,199,182	4,507,369	5,249,872	0	2,288,730	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	14.868675	10.810879	0.164693	0.000000	0.004160	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			121,182	0	347,666	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.003802	0.000000	0.000632	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet B-1

Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description		PURCHASING AND RECEIVING (COSTED REQ S)	CENTRAL SCHEDULING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
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	00560	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING AND RECEIVING	9,386,602				5.03
5.04	00540	CENTRAL SCHEDULING	41,870	550,207,230			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,080	0	550,207,230		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	18,170	0	0	-13,129,660	5.06
7.00	00700	OPERATION OF PLANT	7,264	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,672	0	0	0	8.00
9.00	00900	HOUSEKEEPING	115,494	0	0	0	9.00
10.00	01000	DIETARY	116,713	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,533	0	0	0	13.00
13.01	01850	PASTORAL CARE	691	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	160,860	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,485	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	390,450	50,356,603	50,356,603	0	30.00
31.00	03100	INTENSIVE CARE UNIT	39,015	1,828,258	1,828,258	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	51,380	3,140,697	3,140,697	0	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	115,753	9,687,756	9,687,756	0	33.00
40.00	04000	SUBPROVIDER - I PF	47,495	18,554,919	18,554,919	0	40.00
43.00	04300	NURSERY	0	846,396	846,396	0	43.00
44.00	04400	SKILLED NURSING FACILITY	50,996	3,551,360	3,551,360	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	663,835	43,471,142	43,471,142	0	50.00
50.01	03330	ENDOSCOPY	123,419	5,551,891	5,551,891	0	50.01
51.00	05100	RECOVERY ROOM	53	6,323,894	6,323,894	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	74,998	1,493,951	1,493,951	0	52.00
53.00	05300	ANESTHESIOLOGY	273	6,056,813	6,056,813	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,182	81,685,617	81,685,617	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	343,928	23,204,248	23,204,248	0	59.00
60.00	06000	LABORATORY	420,110	64,964,792	64,964,792	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	30,029	3,952,861	3,952,861	0	62.00
65.00	06500	RESPIRATORY THERAPY	98,212	17,817,136	17,817,136	0	65.00
66.00	06600	PHYSICAL THERAPY	11,362	5,620,185	5,620,185	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,175	3,651,684	3,651,684	0	67.00
68.00	06800	SPEECH PATHOLOGY	470	854,761	854,761	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,114	3,689,417	3,689,417	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,869,961	26,865,454	26,865,454	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,952,808	27,482,802	27,482,802	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	76,529,742	76,529,742	0	73.00
74.00	07400	RENAL DIALYSIS	5,981	2,192,998	2,192,998	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,832	3,533,303	3,533,303	0	76.02
76.03	03952	WOUND CARE	113,294	8,224,694	8,224,694	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	15,976	122,245	122,245	0	90.00
91.00	09100	EMERGENCY	387,837	48,951,611	48,951,611	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,341,770	550,207,230	550,207,230	-13,129,660	75,102,147
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,871	0	0	0	63,159
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	365
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	MARKETING	1,961	0	0	0	873,889
194.02	07952	SENIOR CIRCLE	0	0	0	0	0
194.03	07953	SELECT SPECIALTY	0	0	0	0	609,402

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet B-1

Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description			PURCHASING AND RECEIVING (COSTED REQ S)	CENTRAL SCHEDULING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.04	07954	FREE MEALS	0	0	0	0	0	194.04
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)	1,537,849	1,608,075	2,263,930		13,129,660	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.163834	0.002923	0.004115		0.171296	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	300,109	90,786	76		240,640	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.031972	0.000165	0.000000		0.003140	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet B-1

Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description		OPERATION OF PLANT (SQUARE FOOTAGE)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FOOTAGE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)		
		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	00560	OTHER ADMINISTRATIVE AND GENERAL					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00591	PURCHASING AND RECEIVING					5.03	
5.04	00540	CENTRAL SCHEDULING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT	303,807				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	3,705	839,570			8.00	
9.00	00900	HOUSEKEEPING	56,094	0	244,008		9.00	
10.00	01000	DIETARY	17,523	0	17,523	161,894	10.00	
11.00	01100	CAFETERIA	0	0	0	44,182	11.00	
13.00	01300	NURSING ADMINISTRATION	2,019	0	2,019	0	13.00	
13.01	01850	PASTORAL CARE	2,332	0	2,332	0	13.01	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00	
15.00	01500	PHARMACY	0	1,109	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	10,500	0	10,500	0	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,311	347,750	37,311	71,407	10,374	30.00
31.00	03100	INTENSIVE CARE UNIT	12,303	11,740	12,303	1,654	493	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,745	2,383	2,745	0	1,027	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	7,013	38,712	7,013	5,217	1,609	33.00
40.00	04000	SUBPROVIDER - IPF	5,329	27,887	5,329	20,883	2,885	40.00
43.00	04300	NURSERY	0	4,236	0	0	363	43.00
44.00	04400	SKILLED NURSING FACILITY	9,807	57,355	9,807	16,878	1,695	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,114	24,242	15,114	0	1,806	50.00
50.01	03330	ENDOSCOPY	2,067	37,149	2,067	0	374	50.01
51.00	05100	RECOVERY ROOM	6,445	19,795	6,445	0	641	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,735	0	5,735	0	1,345	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,482	50,389	16,482	0	3,353	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,836	19,813	1,836	0	1,121	59.00
60.00	06000	LABORATORY	14,107	3,172	14,107	0	3,939	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	773	0	773	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,732	345	5,732	0	1,139	65.00
66.00	06600	PHYSICAL THERAPY	7,448	0	7,448	0	880	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,851	0	2,851	0	365	67.00
68.00	06800	SPEECH PATHOLOGY	1,098	0	1,098	0	93	68.00
69.00	06900	ELECTROCARDIOLOGY	1,045	3,540	1,045	0	160	69.00
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	2,470	0	2,470	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,010	3,286	2,010	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,258	0	3,258	0	726	76.02
76.03	03952	WOUND CARE	8,589	3,545	8,589	0	1,293	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,126	30,910	2,126	0	300	90.00
91.00	09100	EMERGENCY	13,197	150,508	13,197	0	3,100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	279,064	837,866	219,265	116,039	43,900	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,012	0	1,012	0	9	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,704	0	19,889	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	273	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	SELECT SPECIALTY	23,731	0	23,731	13,749	0	194.03
194.04	07954	FREE MEALS	0	0	0	12,217	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet B-1

Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description		OPERATION OF PLANT (SQUARE FOOTAGE)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FOOTAGE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
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)	6,476,839	665,216	4,292,236	2,740,676	798,752	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	21.318926	0.792329	17.590554	16.928830	18.078675	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,844,478	119,325	1,795,495	694,560	2,141	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.071216	0.142126	7.358345	4.290215	0.048459	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet B-1

Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	PASTORAL CARE (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		13.00	13.01	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00550						5.02
5.03	00591						5.03
5.04	00540						5.04
5.05	00580						5.05
5.06	00590						5.06
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	509,952					13.00
13.01	01850	0	509,952				13.01
14.00	01400	0	0	0			14.00
15.00	01500	0	0	0	3,619,995		15.00
16.00	01600	0	0	0	0	550,207,230	16.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	215,777	215,777	0	0	50,356,603	30.00
31.00	03100	10,252	10,252	0	0	1,828,258	31.00
31.01	02060	21,353	21,353	0	0	3,140,697	31.01
33.00	03300	33,459	33,459	0	0	9,687,756	33.00
40.00	04000	60,005	60,005	0	0	18,554,919	40.00
43.00	04300	7,558	7,558	0	0	846,396	43.00
44.00	04400	0	0	0	0	3,551,360	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	37,564	37,564	0	0	43,471,142	50.00
50.01	03330	7,778	7,778	0	0	5,551,891	50.01
51.00	05100	15,056	15,056	0	0	6,323,894	51.00
52.00	05200	13,340	13,340	0	0	1,493,951	52.00
53.00	05300	0	0	0	0	6,056,813	53.00
54.00	05400	0	0	0	0	81,685,617	54.00
54.01	03630	0	0	0	0	0	54.01
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	23,322	23,322	0	0	23,204,248	59.00
60.00	06000	0	0	0	0	64,964,792	60.00
62.00	06200	0	0	0	0	3,952,861	62.00
65.00	06500	0	0	0	0	17,817,136	65.00
66.00	06600	0	0	0	0	5,620,185	66.00
67.00	06700	0	0	0	0	3,651,684	67.00
68.00	06800	0	0	0	0	854,761	68.00
69.00	06900	0	0	0	0	3,689,417	69.00
71.00	07100	0	0	0	0	26,865,454	71.00
72.00	07200	0	0	0	0	27,482,802	72.00
73.00	07300	0	0	0	3,619,995	76,529,742	73.00
74.00	07400	0	0	0	0	2,192,998	74.00
76.00	03950	0	0	0	0	0	76.00
76.01	03951	0	0	0	0	0	76.01
76.02	03550	0	0	0	0	3,533,303	76.02
76.03	03952	0	0	0	0	8,224,694	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	122,245	90.00
91.00	09100	64,488	64,488	0	0	48,951,611	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		509,952	509,952	0	3,619,995	550,207,230	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet B-1

Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	PASTORAL CARE (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			13.00	13.01	14.00	15.00	16.00	
194.04	07954	FREE MEALS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,120,134	262,578	0	2,493,033	1,195,434	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.118486	0.514907	0.000000	0.688684	0.002173	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	94,290	91,911	0	17,103	413,604	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.184900	0.180235	0.000000	0.004725	0.000752	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet B-1

Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES APPRV (ROTATIONS)	SERVICES-OTHER PRGM COSTS APPRV (ROTATIONS)		
	21.00	22.00		
GENERAL SERVICE COST CENTERS				
1.00 00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01 00560	OTHER ADMINISTRATIVE AND GENERAL			5.01
5.02 00550	DATA PROCESSING			5.02
5.03 00591	PURCHASING AND RECEIVING			5.03
5.04 00540	CENTRAL SCHEDULING			5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
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
13.01 01850	PASTORAL CARE			13.01
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	8,800		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		8,800	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	1,300	1,300	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	0	31.01
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00 04000	SUBPROVIDER - I PF	0	0	40.00
43.00 04300	NURSERY	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	1,950	1,950	50.00
50.01 03330	ENDOSCOPY	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630	ULTRA SOUND	0	0	54.01
56.00 05600	RADIOISOTOPE	0	0	56.00
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MRI	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
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
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.01 03951	SLEEP LAB	0	0	76.01
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03 03952	WOUND CARE	100	100	76.03
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	4,900	4,900	90.00
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,250	8,250	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 19100	RESEARCH	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	550	550	192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01 07951	MARKETING	0	0	194.01
194.02 07952	SENIOR CIRCLE	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES APPRV (ROTATIONS)	SERVICES-OTHER PRGM COSTS APPRV (ROTATIONS)		
	21.00	22.00		
194.03 07953 SELECT SPECIALTY	0	0		194.03
194.04 07954 FREE MEALS	0	0		194.04
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	2,546,424		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	289.366364		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	6,826		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.775682		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet C Part I Date/Time Prepared: 10/31/2016 8:18 am
		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		15,683,831	0	15,683,831	30.00
31.00	03100 INTENSIVE CARE UNIT		1,554,017	0	1,554,017	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		1,526,632	0	1,526,632	31.01
33.00	03300 BURN INTENSIVE CARE UNIT		2,560,477	0	2,560,477	33.00
40.00	04000 SUBPROVIDER - IPF		3,715,047	0	3,715,047	40.00
43.00	04300 NURSERY		437,577	0	437,577	43.00
44.00	04400 SKILLED NURSING FACILITY		2,716,968	0	2,716,968	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		4,591,821	0	4,591,821	50.00
50.01	03330 ENDOSCOPY		971,366	0	971,366	50.01
51.00	05100 RECOVERY ROOM		1,296,853	0	1,296,853	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,189,197	0	1,189,197	52.00
53.00	05300 ANESTHESIOLOGY		94,381	0	94,381	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,502,545	0	6,502,545	54.00
54.01	03630 ULTRA SOUND		0	0	0	54.01
56.00	05600 RADIOISOTOPE		0	0	0	56.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MRI		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,443,013	0	2,443,013	59.00
60.00	06000 LABORATORY		6,638,603	0	6,638,603	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		727,877	0	727,877	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,803,760	0	1,803,760	65.00
66.00	06600 PHYSICAL THERAPY	0	1,459,907	0	1,459,907	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	740,655	0	740,655	67.00
68.00	06800 SPEECH PATHOLOGY	0	204,595	0	204,595	68.00
69.00	06900 ELECTROCARDIOLOGY		289,297	0	289,297	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		5,741,894	0	5,741,894	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		3,082,245	0	3,082,245	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		8,073,596	0	8,073,596	73.00
74.00	07400 RENAL DIALYSIS		596,727	0	596,727	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER		0	0	0	76.00
76.01	03951 SLEEP LAB		0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		862,308	0	862,308	76.02
76.03	03952 WOUND CARE		2,029,681	0	2,029,681	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		433,934	0	433,934	90.00
91.00	09100 EMERGENCY		5,706,159	0	5,706,159	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,129,492	0	2,129,492	92.00
200.00	Subtotal (see instructions)	0	85,804,455	0	85,804,455	200.00
201.00	Less Observation Beds		2,129,492	0	2,129,492	201.00
202.00	Total (see instructions)	0	83,674,963	0	83,674,963	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150047		Period: From 06/01/2015 To 05/31/2016		Worksheet C Part I Date/Time Prepared: 10/31/2016 8:18 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,668,725		45,668,725			30.00
31.00	03100	INTENSIVE CARE UNIT	1,828,258		1,828,258			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,140,697		3,140,697			31.01
33.00	03300	BURN INTENSIVE CARE UNIT	9,687,756		9,687,756			33.00
40.00	04000	SUBPROVIDER - I PF	18,554,919		18,554,919			40.00
43.00	04300	NURSERY	846,396		846,396			43.00
44.00	04400	SKILLED NURSING FACILITY	3,551,360		3,551,360			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,269,347	23,201,795	43,471,142	0.105629	0.000000	50.00
50.01	03330	ENDOSCOPY	1,130,749	4,421,142	5,551,891	0.174961	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,090,352	4,233,542	6,323,894	0.205072	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,473,951	20,000	1,493,951	0.796008	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,068,911	2,987,902	6,056,813	0.015583	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,379,101	60,306,516	81,685,617	0.079605	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	0.000000	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,645,084	14,559,164	23,204,248	0.105283	0.000000	59.00
60.00	06000	LABORATORY	32,225,133	32,739,659	64,964,792	0.102188	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,503,929	448,932	3,952,861	0.184139	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	15,885,751	1,931,385	17,817,136	0.101237	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,430,415	3,189,770	5,620,185	0.259761	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,159,176	492,508	3,651,684	0.202826	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	556,293	298,468	854,761	0.239359	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,621,307	2,068,110	3,689,417	0.078413	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,109,125	15,756,329	26,865,454	0.213728	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,542,635	15,940,167	27,482,802	0.112152	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,858,136	16,671,606	76,529,742	0.105496	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,087,542	105,456	2,192,998	0.272106	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00
76.01	03951	SLEEP LAB	0	0	0	0.000000	0.000000	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,596,340	1,936,963	3,533,303	0.244052	0.000000	76.02
76.03	03952	WOUND CARE	1,851,371	6,373,323	8,224,694	0.246779	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,200	115,045	122,245	3.549708	0.000000	90.00
91.00	09100	EMERGENCY	9,381,919	39,569,692	48,951,611	0.116567	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,048,149	3,639,729	4,687,878	0.454255	0.000000	92.00
200.00		Subtotal (see instructions)	299,200,027	251,007,203	550,207,230			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	299,200,027	251,007,203	550,207,230			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet C Part I Date/Time Prepared: 10/31/2016 8:18 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.105629		50.00
50.01	03330 ENDOSCOPY	0.174961		50.01
51.00	05100 RECOVERY ROOM	0.205072		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.796008		52.00
53.00	05300 ANESTHESIOLOGY	0.015583		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.079605		54.00
54.01	03630 ULTRA SOUND	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105283		59.00
60.00	06000 LABORATORY	0.102188		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.184139		62.00
65.00	06500 RESPIRATORY THERAPY	0.101237		65.00
66.00	06600 PHYSICAL THERAPY	0.259761		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.202826		67.00
68.00	06800 SPEECH PATHOLOGY	0.239359		68.00
69.00	06900 ELECTROCARDIOLOGY	0.078413		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.213728		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.112152		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.105496		73.00
74.00	07400 RENAL DIALYSIS	0.272106		74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000		76.00
76.01	03951 SLEEP LAB	0.000000		76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.244052		76.02
76.03	03952 WOUND CARE	0.246779		76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	3.549708		90.00
91.00	09100 EMERGENCY	0.116567		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.454255		92.00
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: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet C
Part I
Date/Time Prepared:
10/31/2016 8:18 am

		Title XIX		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	15,683,831	15,683,831	0	15,683,831	30.00	
31.00	03100 INTENSIVE CARE UNIT	1,554,017	1,554,017	0	1,554,017	31.00	
31.01	02060 NEONATAL INTENSIVE CARE UNIT	1,526,632	1,526,632	0	1,526,632	31.01	
33.00	03300 BURN INTENSIVE CARE UNIT	2,560,477	2,560,477	0	2,560,477	33.00	
40.00	04000 SUBPROVIDER - IPF	3,715,047	3,715,047	0	3,715,047	40.00	
43.00	04300 NURSERY	437,577	437,577	0	437,577	43.00	
44.00	04400 SKILLED NURSING FACILITY	2,716,968	2,716,968	0	2,716,968	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,591,821	4,591,821	0	4,591,821	50.00	
50.01	03330 ENDOSCOPY	971,366	971,366	0	971,366	50.01	
51.00	05100 RECOVERY ROOM	1,296,853	1,296,853	0	1,296,853	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,189,197	1,189,197	0	1,189,197	52.00	
53.00	05300 ANESTHESIOLOGY	94,381	94,381	0	94,381	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,502,545	6,502,545	0	6,502,545	54.00	
54.01	03630 ULTRA SOUND	0	0	0	0	54.01	
56.00	05600 RADIOISOTOPE	0	0	0	0	56.00	
57.00	05700 CT SCAN	0	0	0	0	57.00	
58.00	05800 MRI	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	2,443,013	2,443,013	0	2,443,013	59.00	
60.00	06000 LABORATORY	6,638,603	6,638,603	0	6,638,603	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	727,877	727,877	0	727,877	62.00	
65.00	06500 RESPIRATORY THERAPY	1,803,760	1,803,760	0	1,803,760	65.00	
66.00	06600 PHYSICAL THERAPY	1,459,907	1,459,907	0	1,459,907	66.00	
67.00	06700 OCCUPATIONAL THERAPY	740,655	740,655	0	740,655	67.00	
68.00	06800 SPEECH PATHOLOGY	204,595	204,595	0	204,595	68.00	
69.00	06900 ELECTROCARDIOLOGY	289,297	289,297	0	289,297	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,741,894	5,741,894	0	5,741,894	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,082,245	3,082,245	0	3,082,245	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	8,073,596	8,073,596	0	8,073,596	73.00	
74.00	07400 RENAL DIALYSIS	596,727	596,727	0	596,727	74.00	
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00	
76.01	03951 SLEEP LAB	0	0	0	0	76.01	
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	862,308	862,308	0	862,308	76.02	
76.03	03952 WOUND CARE	2,029,681	2,029,681	0	2,029,681	76.03	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	433,934	433,934	0	433,934	90.00	
91.00	09100 EMERGENCY	5,706,159	5,706,159	0	5,706,159	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,129,492	2,129,492	0	2,129,492	92.00	
200.00	Subtotal (see instructions)	85,804,455	85,804,455	0	85,804,455	200.00	
201.00	Less Observation Beds	2,129,492	2,129,492	0	2,129,492	201.00	
202.00	Total (see instructions)	83,674,963	83,674,963	0	83,674,963	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150047		Period: From 06/01/2015 To 05/31/2016		Worksheet C Part I Date/Time Prepared: 10/31/2016 8:18 am	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,668,725		45,668,725			30.00
31.00	03100	INTENSIVE CARE UNIT	1,828,258		1,828,258			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,140,697		3,140,697			31.01
33.00	03300	BURN INTENSIVE CARE UNIT	9,687,756		9,687,756			33.00
40.00	04000	SUBPROVIDER - I PF	18,554,919		18,554,919			40.00
43.00	04300	NURSERY	846,396		846,396			43.00
44.00	04400	SKILLED NURSING FACILITY	3,551,360		3,551,360			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,269,347	23,201,795	43,471,142	0.105629	0.000000	50.00
50.01	03330	ENDOSCOPY	1,130,749	4,421,142	5,551,891	0.174961	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,090,352	4,233,542	6,323,894	0.205072	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,473,951	20,000	1,493,951	0.796008	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,068,911	2,987,902	6,056,813	0.015583	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,379,101	60,306,516	81,685,617	0.079605	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	0.000000	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,645,084	14,559,164	23,204,248	0.105283	0.000000	59.00
60.00	06000	LABORATORY	32,225,133	32,739,659	64,964,792	0.102188	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,503,929	448,932	3,952,861	0.184139	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	15,885,751	1,931,385	17,817,136	0.101237	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,430,415	3,189,770	5,620,185	0.259761	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,159,176	492,508	3,651,684	0.202826	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	556,293	298,468	854,761	0.239359	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,621,307	2,068,110	3,689,417	0.078413	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,109,125	15,756,329	26,865,454	0.213728	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,542,635	15,940,167	27,482,802	0.112152	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,858,136	16,671,606	76,529,742	0.105496	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,087,542	105,456	2,192,998	0.272106	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00
76.01	03951	SLEEP LAB	0	0	0	0.000000	0.000000	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,596,340	1,936,963	3,533,303	0.244052	0.000000	76.02
76.03	03952	WOUND CARE	1,851,371	6,373,323	8,224,694	0.246779	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,200	115,045	122,245	3.549708	0.000000	90.00
91.00	09100	EMERGENCY	9,381,919	39,569,692	48,951,611	0.116567	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,048,149	3,639,729	4,687,878	0.454255	0.000000	92.00
200.00		Subtotal (see instructions)	299,200,027	251,007,203	550,207,230			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	299,200,027	251,007,203	550,207,230			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet C Part I Date/Time Prepared: 10/31/2016 8:18 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.105629		50.00
50.01	03330 ENDOSCOPY	0.174961		50.01
51.00	05100 RECOVERY ROOM	0.205072		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.796008		52.00
53.00	05300 ANESTHESIOLOGY	0.015583		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.079605		54.00
54.01	03630 ULTRA SOUND	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105283		59.00
60.00	06000 LABORATORY	0.102188		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.184139		62.00
65.00	06500 RESPIRATORY THERAPY	0.101237		65.00
66.00	06600 PHYSICAL THERAPY	0.259761		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.202826		67.00
68.00	06800 SPEECH PATHOLOGY	0.239359		68.00
69.00	06900 ELECTROCARDIOLOGY	0.078413		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.213728		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.112152		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.105496		73.00
74.00	07400 RENAL DIALYSIS	0.272106		74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000		76.00
76.01	03951 SLEEP LAB	0.000000		76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.244052		76.02
76.03	03952 WOUND CARE	0.246779		76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	3.549708		90.00
91.00	09100 EMERGENCY	0.116567		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.454255		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150047

Period: From 06/01/2015 To 05/31/2016

Worksheet C Part II Date/Time Prepared: 10/31/2016 8:18 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,591,821	710,521	3,881,300	0	0	50.00
50.01	03330	ENDOSCOPY	971,366	104,690	866,676	0	0	50.01
51.00	05100	RECOVERY ROOM	1,296,853	274,257	1,022,596	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,189,197	237,775	951,422	0	0	52.00
53.00	05300	ANESTHESIOLOGY	94,381	9,609	84,772	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,502,545	801,299	5,701,246	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,443,013	138,759	2,304,254	0	0	59.00
60.00	06000	LABORATORY	6,638,603	689,939	5,948,664	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	727,877	39,162	688,715	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,803,760	261,649	1,542,111	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,459,907	305,581	1,154,326	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	740,655	120,093	620,562	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	204,595	45,003	159,592	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	289,297	48,302	240,995	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,741,894	180,581	5,561,313	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,082,245	113,109	2,969,136	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,073,596	246,504	7,827,092	0	0	73.00
74.00	07400	RENAL DIALYSIS	596,727	84,034	512,693	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	862,308	136,464	725,844	0	0	76.02
76.03	03952	WOUND CARE	2,029,681	360,212	1,669,469	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	433,934	89,725	344,209	0	0	90.00
91.00	09100	EMERGENCY	5,706,159	668,573	5,037,586	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,129,492	276,549	1,852,943	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	57,609,906	5,942,390	51,667,516	0	0	200.00
201.00		Less Observation Beds	2,129,492	276,549	1,852,943	0	0	201.00
202.00		Total (line 200 minus line 201)	55,480,414	5,665,841	49,814,573	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150047

Period: From 06/01/2015 To 05/31/2016

Worksheet C Part II Date/Time Prepared: 10/31/2016 8:18 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	4,591,821	43,471,142	0.105629	50.00
50.01	03330 ENDOSCOPY	971,366	5,551,891	0.174961	50.01
51.00	05100 RECOVERY ROOM	1,296,853	6,323,894	0.205072	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,189,197	1,493,951	0.796008	52.00
53.00	05300 ANESTHESIOLOGY	94,381	6,056,813	0.015583	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,502,545	81,685,617	0.079605	54.00
54.01	03630 ULTRA SOUND	0	0	0.000000	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	56.00
57.00	05700 CT SCAN	0	0	0.000000	57.00
58.00	05800 MRI	0	0	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,443,013	23,204,248	0.105283	59.00
60.00	06000 LABORATORY	6,638,603	64,964,792	0.102188	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	727,877	3,952,861	0.184139	62.00
65.00	06500 RESPIRATORY THERAPY	1,803,760	17,817,136	0.101237	65.00
66.00	06600 PHYSICAL THERAPY	1,459,907	5,620,185	0.259761	66.00
67.00	06700 OCCUPATIONAL THERAPY	740,655	3,651,684	0.202826	67.00
68.00	06800 SPEECH PATHOLOGY	204,595	854,761	0.239359	68.00
69.00	06900 ELECTROCARDIOLOGY	289,297	3,689,417	0.078413	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,741,894	26,865,454	0.213728	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,082,245	27,482,802	0.112152	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,073,596	76,529,742	0.105496	73.00
74.00	07400 RENAL DIALYSIS	596,727	2,192,998	0.272106	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	76.00
76.01	03951 SLEEP LAB	0	0	0.000000	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	862,308	3,533,303	0.244052	76.02
76.03	03952 WOUND CARE	2,029,681	8,224,694	0.246779	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	433,934	122,245	3.549708	90.00
91.00	09100 EMERGENCY	5,706,159	48,951,611	0.116567	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,129,492	4,687,878	0.454255	92.00
200.00	Subtotal (sum of lines 50 thru 199)	57,609,906	466,929,119		200.00
201.00	Less Observation Beds	2,129,492	0		201.00
202.00	Total (line 200 minus line 201)	55,480,414	466,929,119		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet D
Part I
Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,036,798	0	2,036,798	23,929	85.12	30.00	
31.00	INTENSIVE CARE UNIT	501,518		501,518	479	1,047.01	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	127,984		127,984	908	140.95	31.01	
33.00	BURN INTENSIVE CARE UNIT	341,869		341,869	1,511	226.25	33.00	
40.00	SUBPROVIDER - IPF	366,933	0	366,933	6,048	60.67	40.00	
43.00	NURSERY	6,580		6,580	783	8.40	43.00	
44.00	SKILLED NURSING FACILITY	480,616		480,616	4,888	98.33	44.00	
200.00	Total (Lines 30-199)	3,862,298		3,862,298	38,546		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	5,711	486,120					30.00
31.00	INTENSIVE CARE UNIT	166	173,804					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					31.01
33.00	BURN INTENSIVE CARE UNIT	211	47,739					33.00
40.00	SUBPROVIDER - IPF	3,790	229,939					40.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	2,026	199,217					44.00
200.00	Total (Lines 30-199)	11,904	1,136,819					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part II Date/Time Prepared: 10/31/2016 8:18 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	710,521	43,471,142	0.016345	5,326,019	87,054	50.00
50.01	03330	ENDOSCOPY	104,690	5,551,891	0.018857	344,193	6,490	50.01
51.00	05100	RECOVERY ROOM	274,257	6,323,894	0.043368	432,709	18,766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	237,775	1,493,951	0.159158	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,609	6,056,813	0.001586	715,723	1,135	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	801,299	81,685,617	0.009810	7,243,172	71,056	54.00
54.01	03630	ULTRA SOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	138,759	23,204,248	0.005980	3,133,482	18,738	59.00
60.00	06000	LABORATORY	689,939	64,964,792	0.010620	8,237,636	87,484	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	39,162	3,952,861	0.009907	1,074,599	10,646	62.00
65.00	06500	RESPIRATORY THERAPY	261,649	17,817,136	0.014685	4,609,477	67,690	65.00
66.00	06600	PHYSICAL THERAPY	305,581	5,620,185	0.054372	450,082	24,472	66.00
67.00	06700	OCCUPATIONAL THERAPY	120,093	3,651,684	0.032887	343,403	11,293	67.00
68.00	06800	SPEECH PATHOLOGY	45,003	854,761	0.052650	71,132	3,745	68.00
69.00	06900	ELECTROCARDIOLOGY	48,302	3,689,417	0.013092	375,823	4,920	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	180,581	26,865,454	0.006722	3,485,225	23,428	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	113,109	27,482,802	0.004116	4,883,025	20,099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	246,504	76,529,742	0.003221	14,225,908	45,822	73.00
74.00	07400	RENAL DIALYSIS	84,034	2,192,998	0.038319	1,233,204	47,255	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0.000000	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	136,464	3,533,303	0.038622	244,411	9,440	76.02
76.03	03952	WOUND CARE	360,212	8,224,694	0.043796	449,107	19,669	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	89,725	122,245	0.733977	0	0	90.00
91.00	09100	EMERGENCY	668,573	48,951,611	0.013658	2,308,945	31,536	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	276,549	4,687,878	0.058992	319,018	18,820	92.00
200.00		Total (lines 50-199)	5,942,390	466,929,119		59,506,293	629,558	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150047		Period: From 06/01/2015 To 05/31/2016		Worksheet D Part III Date/Time Prepared: 10/31/2016 8:18 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	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	23,929	0.00	5,711	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	479	0.00	166	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	908	0.00	0	0	0	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,511	0.00	211	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	6,048	0.00	3,790	0	0	40.00
43.00	04300	NURSERY	783	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	4,888	0.00	2,026	0	0	44.00
200.00		Total (lines 30-199)	38,546		11,904	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet D
Part IV
Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
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: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part IV Date/Time Prepared: 10/31/2016 8:18 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	43,471,142	0.000000	0.000000	5,326,019	50.00
50.01	03330 ENDOSCOPY	0	5,551,891	0.000000	0.000000	344,193	50.01
51.00	05100 RECOVERY ROOM	0	6,323,894	0.000000	0.000000	432,709	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,493,951	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,056,813	0.000000	0.000000	715,723	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	81,685,617	0.000000	0.000000	7,243,172	54.00
54.01	03630 ULTRA SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,204,248	0.000000	0.000000	3,133,482	59.00
60.00	06000 LABORATORY	0	64,964,792	0.000000	0.000000	8,237,636	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,952,861	0.000000	0.000000	1,074,599	62.00
65.00	06500 RESPIRATORY THERAPY	0	17,817,136	0.000000	0.000000	4,609,477	65.00
66.00	06600 PHYSICAL THERAPY	0	5,620,185	0.000000	0.000000	450,082	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,651,684	0.000000	0.000000	343,403	67.00
68.00	06800 SPEECH PATHOLOGY	0	854,761	0.000000	0.000000	71,132	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,689,417	0.000000	0.000000	375,823	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,865,454	0.000000	0.000000	3,485,225	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,482,802	0.000000	0.000000	4,883,025	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	76,529,742	0.000000	0.000000	14,225,908	73.00
74.00	07400 RENAL DIALYSIS	0	2,192,998	0.000000	0.000000	1,233,204	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.01	03951 SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,533,303	0.000000	0.000000	244,411	76.02
76.03	03952 WOUND CARE	0	8,224,694	0.000000	0.000000	449,107	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	122,245	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	48,951,611	0.000000	0.000000	2,308,945	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	4,687,878	0.000000	0.000000	319,018	92.00
200.00	Total (lines 50-199)	0	466,929,119			59,506,293	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet D
Part IV
Date/Time Prepared:
10/31/2016 8:18 am

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	5,613,716	0		50.00
50.01	03330 ENDOSCOPY	0	1,025,139	0		50.01
51.00	05100 RECOVERY ROOM	0	1,412,517	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	13,074	0		52.00
53.00	05300 ANESTHESIOLOGY	0	595,363	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,107,985	0		54.00
54.01	03630 ULTRA SOUND	0	0	0		54.01
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,449,150	0		59.00
60.00	06000 LABORATORY	0	2,736,279	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	61,661	0		62.00
65.00	06500 RESPIRATORY THERAPY	0	419,729	0		65.00
66.00	06600 PHYSICAL THERAPY	0	5,963	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,133	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	675	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	490,430	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,557,556	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,482,860	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,803,328	0		73.00
74.00	07400 RENAL DIALYSIS	0	98,551	0		74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0		76.00
76.01	03951 SLEEP LAB	0	0	0		76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,238,916	0		76.02
76.03	03952 WOUND CARE	0	1,826,790	0		76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	12,216	0		90.00
91.00	09100 EMERGENCY	0	4,555,207	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	791,767	0		92.00
200.00	Total (lines 50-199)	0	49,303,005	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part V Date/Time Prepared: 10/31/2016 8:18 am
		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	0.105629	5,613,716	0	0	592,971	50.00
50.01	03330	ENDOSCOPY	0.174961	1,025,139	0	0	179,359	50.01
51.00	05100	RECOVERY ROOM	0.205072	1,412,517	0	0	289,668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.796008	13,074	0	0	10,407	52.00
53.00	05300	ANESTHESIOLOGY	0.015583	595,363	0	0	9,278	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079605	10,107,985	0	0	804,646	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	54.01
56.00	05600	RADIO SOTOP	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105283	3,449,150	0	0	363,137	59.00
60.00	06000	LABORATORY	0.102188	2,736,279	5,886	0	279,615	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.184139	61,661	0	0	11,354	62.00
65.00	06500	RESPIRATORY THERAPY	0.101237	419,729	0	0	42,492	65.00
66.00	06600	PHYSICAL THERAPY	0.259761	5,963	0	0	1,549	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.202826	4,133	0	0	838	67.00
68.00	06800	SPEECH PATHOLOGY	0.239359	675	0	0	162	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078413	490,430	0	0	38,456	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213728	4,557,556	0	0	974,077	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.112152	6,482,860	0	0	727,066	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.105496	3,803,328	0	17,518	401,236	73.00
74.00	07400	RENAL DIALYSIS	0.272106	98,551	0	0	26,816	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0.000000	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.244052	1,238,916	0	0	302,360	76.02
76.03	03952	WOUND CARE	0.246779	1,826,790	0	0	450,813	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3.549708	12,216	0	0	43,363	90.00
91.00	09100	EMERGENCY	0.116567	4,555,207	0	0	530,987	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.454255	791,767	0	0	359,664	92.00
200.00		Subtotal (see instructions)		49,303,005	5,886	17,518	6,440,314	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		49,303,005	5,886	17,518	6,440,314	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part V Date/Time Prepared: 10/31/2016 8:18 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	601	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,848	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.01	03951 SLEEP LAB	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03	03952 WOUND CARE	0	0	76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	601	1,848	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	601	1,848	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150047 Component CCN: 15S047		Period: From 06/01/2015 To 05/31/2016		Worksheet D Part II Date/Time Prepared: 10/31/2016 8:18 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	710,521	43,471,142	0.016345	6,348	104	50.00
50.01	03330	ENDOSCOPY	104,690	5,551,891	0.018857	13,572	256	50.01
51.00	05100	RECOVERY ROOM	274,257	6,323,894	0.043368	169,255	7,340	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	237,775	1,493,951	0.159158	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,609	6,056,813	0.001586	44,543	71	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	801,299	81,685,617	0.009810	501,555	4,920	54.00
54.01	03630	ULTRA SOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	138,759	23,204,248	0.005980	0	0	59.00
60.00	06000	LABORATORY	689,939	64,964,792	0.010620	1,021,349	10,847	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	39,162	3,952,861	0.009907	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	261,649	17,817,136	0.014685	326,786	4,799	65.00
66.00	06600	PHYSICAL THERAPY	305,581	5,620,185	0.054372	134,918	7,336	66.00
67.00	06700	OCCUPATIONAL THERAPY	120,093	3,651,684	0.032887	149,882	4,929	67.00
68.00	06800	SPEECH PATHOLOGY	45,003	854,761	0.052650	27,636	1,455	68.00
69.00	06900	ELECTROCARDIOLOGY	48,302	3,689,417	0.013092	67,640	886	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	180,581	26,865,454	0.006722	73,230	492	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	113,109	27,482,802	0.004116	300	1	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	246,504	76,529,742	0.003221	2,091,413	6,736	73.00
74.00	07400	RENAL DIALYSIS	84,034	2,192,998	0.038319	32,962	1,263	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0.000000	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	136,464	3,533,303	0.038622	182,843	7,062	76.02
76.03	03952	WOUND CARE	360,212	8,224,694	0.043796	6,471	283	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	89,725	122,245	0.733977	0	0	90.00
91.00	09100	EMERGENCY	668,573	48,951,611	0.013658	249,778	3,411	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,687,878	0.000000	0	0	92.00
200.00		Total (lines 50-199)	5,665,841	466,929,119		5,100,481	62,191	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150047 Component CCN: 15S047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part IV Date/Time Prepared: 10/31/2016 8:18 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03951 SLEEP LAB	0	0	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03952 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 150047 Component CCN: 15S047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part IV Date/Time Prepared: 10/31/2016 8:18 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	43,471,142	0.000000	0.000000	6,348	50.00
50.01	03330 ENDOSCOPY	0	5,551,891	0.000000	0.000000	13,572	50.01
51.00	05100 RECOVERY ROOM	0	6,323,894	0.000000	0.000000	169,255	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,493,951	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,056,813	0.000000	0.000000	44,543	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	81,685,617	0.000000	0.000000	501,555	54.00
54.01	03630 ULTRA SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,204,248	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	64,964,792	0.000000	0.000000	1,021,349	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,952,861	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	17,817,136	0.000000	0.000000	326,786	65.00
66.00	06600 PHYSICAL THERAPY	0	5,620,185	0.000000	0.000000	134,918	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,651,684	0.000000	0.000000	149,882	67.00
68.00	06800 SPEECH PATHOLOGY	0	854,761	0.000000	0.000000	27,636	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,689,417	0.000000	0.000000	67,640	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,865,454	0.000000	0.000000	73,230	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,482,802	0.000000	0.000000	300	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	76,529,742	0.000000	0.000000	2,091,413	73.00
74.00	07400 RENAL DIALYSIS	0	2,192,998	0.000000	0.000000	32,962	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.01	03951 SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,533,303	0.000000	0.000000	182,843	76.02
76.03	03952 WOUND CARE	0	8,224,694	0.000000	0.000000	6,471	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	122,245	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	48,951,611	0.000000	0.000000	249,778	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	4,687,878	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	466,929,119			5,100,481	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150047 Component CCN: 15S047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part IV Date/Time Prepared: 10/31/2016 8:18 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,771	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	611	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.01	03951 SLEEP LAB	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.02
76.03	03952 WOUND CARE	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	2,192	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	0	4,574	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part V Date/Time Prepared: 10/31/2016 8:18 am
		Component CCN: 15S047	Title XVIII	Subprovider - IPF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.105629	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	0.174961	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.205072	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.796008	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.015583	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.079605	1,771	0	0	141	54.00
54.01 03630 ULTRA SOUND	0.000000	0	0	0	0	54.01
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MRI	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.105283	0	0	0	0	59.00
60.00 06000 LABORATORY	0.102188	611	0	0	62	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.184139	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.101237	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.259761	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.202826	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.239359	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.078413	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.213728	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.112152	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.105496	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.272106	0	0	0	0	74.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.01 03951 SLEEP LAB	0.000000	0	0	0	0	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.244052	0	0	0	0	76.02
76.03 03952 WOUND CARE	0.246779	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	3.549708	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.116567	2,192	0	0	256	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.454255	0	0	0	0	92.00
200.00 Subtotal (see instructions)		4,574	0	0	459	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		4,574	0	0	459	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part V Date/Time Prepared: 10/31/2016 8:18 am
	Component CCN: 15S047	Title XVIII	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 03330 ENDOSCOPY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630 ULTRA SOUND	0	0	54.01
56.00 05600 RADIO SOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.01 03951 SLEEP LAB	0	0	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03 03952 WOUND CARE	0	0	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150047 Component CCN: 155356	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part IV Date/Time Prepared: 10/31/2016 8:18 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03951 SLEEP LAB	0	0	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03952 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 150047 Component CCN: 155356	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part IV Date/Time Prepared: 10/31/2016 8:18 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	43,471,142	0.000000	0.000000	74,251	50.00
50.01	03330 ENDOSCOPY	0	5,551,891	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	6,323,894	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,493,951	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,056,813	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	81,685,617	0.000000	0.000000	102,964	54.00
54.01	03630 ULTRA SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,204,248	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	64,964,792	0.000000	0.000000	470,607	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,952,861	0.000000	0.000000	20,904	62.00
65.00	06500 RESPIRATORY THERAPY	0	17,817,136	0.000000	0.000000	699,571	65.00
66.00	06600 PHYSICAL THERAPY	0	5,620,185	0.000000	0.000000	777,564	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,651,684	0.000000	0.000000	735,831	67.00
68.00	06800 SPEECH PATHOLOGY	0	854,761	0.000000	0.000000	13,567	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,689,417	0.000000	0.000000	10,015	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,865,454	0.000000	0.000000	172,058	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,482,802	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	76,529,742	0.000000	0.000000	2,413,237	73.00
74.00	07400 RENAL DIALYSIS	0	2,192,998	0.000000	0.000000	0	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.01	03951 SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,533,303	0.000000	0.000000	0	76.02
76.03	03952 WOUND CARE	0	8,224,694	0.000000	0.000000	153,561	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	122,245	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	48,951,611	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	4,687,878	0.000000	0.000000	864	92.00
200.00	Total (lines 50-199)	0	466,929,119			5,644,994	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part IV Date/Time Prepared: 10/31/2016 8:18 am
	Component CCN: 155356	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.01	03951 SLEEP LAB	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.02
76.03	03952 WOUND CARE	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
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 ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part I Date/Time Prepared: 10/31/2016 8:18 am
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Cost Center Description	Title XIX			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,036,798	0	2,036,798	23,929	85.12	30.00
31.00	INTENSIVE CARE UNIT	501,518		501,518	479	1,047.01	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	127,984		127,984	908	140.95	31.01
33.00	BURN INTENSIVE CARE UNIT	341,869		341,869	1,511	226.25	33.00
40.00	SUBPROVIDER - IPF	366,933	0	366,933	6,048	60.67	40.00
43.00	NURSERY	6,580		6,580	783	8.40	43.00
44.00	SKILLED NURSING FACILITY	480,616		480,616	4,888	98.33	44.00
200.00	Total (Lines 30-199)	3,862,298		3,862,298	38,546		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	1,332	113,380				30.00
31.00	INTENSIVE CARE UNIT	82	85,855				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	510	71,885				31.01
33.00	BURN INTENSIVE CARE UNIT	65	14,706				33.00
40.00	SUBPROVIDER - IPF	226	13,711				40.00
43.00	NURSERY	279	2,344				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (Lines 30-199)	2,494	301,881				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part II Date/Time Prepared: 10/31/2016 8:18 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	710,521	43,471,142	0.016345	1,426,705	23,319	50.00
50.01	03330 ENDOSCOPY	104,690	5,551,891	0.018857	44,925	847	50.01
51.00	05100 RECOVERY ROOM	274,257	6,323,894	0.043368	147,996	6,418	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	237,775	1,493,951	0.159158	398,063	63,355	52.00
53.00	05300 ANESTHESIOLOGY	9,609	6,056,813	0.001586	287,627	456	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	801,299	81,685,617	0.009810	1,169,474	11,473	54.00
54.01	03630 ULTRA SOUND	0	0	0.000000	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	138,759	23,204,248	0.005980	81,822	489	59.00
60.00	06000 LABORATORY	689,939	64,964,792	0.010620	1,851,108	19,659	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	39,162	3,952,861	0.009907	219,064	2,170	62.00
65.00	06500 RESPIRATORY THERAPY	261,649	17,817,136	0.014685	1,341,724	19,703	65.00
66.00	06600 PHYSICAL THERAPY	305,581	5,620,185	0.054372	100,950	5,489	66.00
67.00	06700 OCCUPATIONAL THERAPY	120,093	3,651,684	0.032887	95,197	3,131	67.00
68.00	06800 SPEECH PATHOLOGY	45,003	854,761	0.052650	120,138	6,325	68.00
69.00	06900 ELECTROCARDIOLOGY	48,302	3,689,417	0.013092	38,223	500	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	180,581	26,865,454	0.006722	613,647	4,125	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	113,109	27,482,802	0.004116	272,781	1,123	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	246,504	76,529,742	0.003221	3,582,125	11,538	73.00
74.00	07400 RENAL DIALYSIS	84,034	2,192,998	0.038319	47,833	1,833	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.01	03951 SLEEP LAB	0	0	0.000000	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	136,464	3,533,303	0.038622	58,792	2,271	76.02
76.03	03952 WOUND CARE	360,212	8,224,694	0.043796	105,622	4,626	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	89,725	122,245	0.733977	307	225	90.00
91.00	09100 EMERGENCY	668,573	48,951,611	0.013658	330,010	4,507	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	276,549	4,687,878	0.058992	36,025	2,125	92.00
200.00	Total (lines 50-199)	5,942,390	466,929,119		12,370,158	195,707	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150047		Period: From 06/01/2015 To 05/31/2016		Worksheet D Part III Date/Time Prepared: 10/31/2016 8:18 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	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	23,929	0.00	1,332	0		30.00
31.00	03100	INTENSIVE CARE UNIT	479	0.00	82	0		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	908	0.00	510	0		31.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,511	0.00	65	0		33.00
40.00	04000	SUBPROVIDER - IPF	6,048	0.00	226	0		40.00
43.00	04300	NURSERY	783	0.00	279	0		43.00
44.00	04400	SKILLED NURSING FACILITY	4,888	0.00	0	0		44.00
200.00		Total (lines 30-199)	38,546		2,494	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet D
Part IV
Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description		Title XIX			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	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part IV Date/Time Prepared: 10/31/2016 8:18 am
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
				PPS			
				Outpatient 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	43,471,142	0.000000	0.000000		1,426,705	50.00
50.01 03330 ENDOSCOPY	0	5,551,891	0.000000	0.000000		44,925	50.01
51.00 05100 RECOVERY ROOM	0	6,323,894	0.000000	0.000000		147,996	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,493,951	0.000000	0.000000		398,063	52.00
53.00 05300 ANESTHESIOLOGY	0	6,056,813	0.000000	0.000000		287,627	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	81,685,617	0.000000	0.000000		1,169,474	54.00
54.01 03630 ULTRA SOUND	0	0	0.000000	0.000000		0	54.01
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000		0	56.00
57.00 05700 CT SCAN	0	0	0.000000	0.000000		0	57.00
58.00 05800 MRI	0	0	0.000000	0.000000		0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	23,204,248	0.000000	0.000000		81,822	59.00
60.00 06000 LABORATORY	0	64,964,792	0.000000	0.000000		1,851,108	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,952,861	0.000000	0.000000		219,064	62.00
65.00 06500 RESPIRATORY THERAPY	0	17,817,136	0.000000	0.000000		1,341,724	65.00
66.00 06600 PHYSICAL THERAPY	0	5,620,185	0.000000	0.000000		100,950	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,651,684	0.000000	0.000000		95,197	67.00
68.00 06800 SPEECH PATHOLOGY	0	854,761	0.000000	0.000000		120,138	68.00
69.00 06900 ELECTROCARDIOLOGY	0	3,689,417	0.000000	0.000000		38,223	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,865,454	0.000000	0.000000		613,647	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,482,802	0.000000	0.000000		272,781	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	76,529,742	0.000000	0.000000		3,582,125	73.00
74.00 07400 RENAL DIALYSIS	0	2,192,998	0.000000	0.000000		47,833	74.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000		0	76.00
76.01 03951 SLEEP LAB	0	0	0.000000	0.000000		0	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,533,303	0.000000	0.000000		58,792	76.02
76.03 03952 WOUND CARE	0	8,224,694	0.000000	0.000000		105,622	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	122,245	0.000000	0.000000		307	90.00
91.00 09100 EMERGENCY	0	48,951,611	0.000000	0.000000		330,010	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	4,687,878	0.000000	0.000000		36,025	92.00
200.00 Total (lines 50-199)	0	466,929,119				12,370,158	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet D
Part IV
Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description		Title XIX			Hospital	PPS
		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	03330 ENDOSCOPY	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03630 ULTRA SOUND	0	0	0		54.01
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0		76.00
76.01	03951 SLEEP LAB	0	0	0		76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.02
76.03	03952 WOUND CARE	0	0	0		76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
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 MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part V Date/Time Prepared: 10/31/2016 8:18 am
		Title XIX	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	0.105629	0	0	1,023,112	0
50.01 03330 ENDOSCOPY	0.174961	0	0	61,415	0
51.00 05100 RECOVERY ROOM	0.205072	0	0	157,161	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.796008	0	0	2,036	0
53.00 05300 ANESTHESIOLOGY	0.015583	0	0	205,978	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.079605	0	0	1,781,512	0
54.01 03630 ULTRA SOUND	0.000000	0	0	0	0
56.00 05600 RADIO SOTOP	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MRI	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.105283	0	0	70,390	0
60.00 06000 LABORATORY	0.102188	0	0	1,142,615	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.184139	0	0	15,741	0
65.00 06500 RESPIRATORY THERAPY	0.101237	0	0	70,773	0
66.00 06600 PHYSICAL THERAPY	0.259761	0	0	36,624	0
67.00 06700 OCCUPATIONAL THERAPY	0.202826	0	0	9,398	0
68.00 06800 SPEECH PATHOLOGY	0.239359	0	0	10,076	0
69.00 06900 ELECTROCARDIOLOGY	0.078413	0	0	59,337	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.213728	0	0	189,614	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.112152	0	0	86,168	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.105496	0	0	421,560	0
74.00 07400 RENAL DIALYSIS	0.272106	0	0	0	0
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0
76.01 03951 SLEEP LAB	0.000000	0	0	0	0
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.244052	0	0	15,525	0
76.03 03952 WOUND CARE	0.246779	0	0	236,100	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	3.549708	0	0	3,466	0
91.00 09100 EMERGENCY	0.116567	0	0	1,983,077	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.454255	0	0	124,936	0
200.00 Subtotal (see instructions)		0	0	7,706,614	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	7,706,614	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part V Date/Time Prepared: 10/31/2016 8:18 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	108,070		50.00
50.01 03330 ENDOSCOPY	0	10,745		50.01
51.00 05100 RECOVERY ROOM	0	32,229		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,621		52.00
53.00 05300 ANESTHESIOLOGY	0	3,210		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	141,817		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	7,411		59.00
60.00 06000 LABORATORY	0	116,762		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,899		62.00
65.00 06500 RESPIRATORY THERAPY	0	7,165		65.00
66.00 06600 PHYSICAL THERAPY	0	9,513		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,906		67.00
68.00 06800 SPEECH PATHOLOGY	0	2,412		68.00
69.00 06900 ELECTROCARDIOLOGY	0	4,653		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	40,526		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,664		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	44,473		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.01 03951 SLEEP LAB	0	0		76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,789		76.02
76.03 03952 WOUND CARE	0	58,265		76.03
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	12,303		90.00
91.00 09100 EMERGENCY	0	231,161		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	56,753		92.00
200.00 Subtotal (see instructions)	0	907,347		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	907,347		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150047 Component CCN: 15S047		Period: From 06/01/2015 To 05/31/2016		Worksheet D Part II Date/Time Prepared: 10/31/2016 8:18 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	710,521	43,471,142	0.016345	0	0	50.00
50.01	03330	ENDOSCOPY	104,690	5,551,891	0.018857	0	0	50.01
51.00	05100	RECOVERY ROOM	274,257	6,323,894	0.043368	6,572	285	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	237,775	1,493,951	0.159158	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,609	6,056,813	0.001586	1,504	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	801,299	81,685,617	0.009810	22,563	221	54.00
54.01	03630	ULTRA SOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	138,759	23,204,248	0.005980	0	0	59.00
60.00	06000	LABORATORY	689,939	64,964,792	0.010620	71,085	755	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	39,162	3,952,861	0.009907	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	261,649	17,817,136	0.014685	21,292	313	65.00
66.00	06600	PHYSICAL THERAPY	305,581	5,620,185	0.054372	7,913	430	66.00
67.00	06700	OCCUPATIONAL THERAPY	120,093	3,651,684	0.032887	11,248	370	67.00
68.00	06800	SPEECH PATHOLOGY	45,003	854,761	0.052650	687	36	68.00
69.00	06900	ELECTROCARDIOLOGY	48,302	3,689,417	0.013092	5,638	74	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	180,581	26,865,454	0.006722	10,193	69	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	113,109	27,482,802	0.004116	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	246,504	76,529,742	0.003221	148,179	477	73.00
74.00	07400	RENAL DIALYSIS	84,034	2,192,998	0.038319	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0.000000	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	136,464	3,533,303	0.038622	0	0	76.02
76.03	03952	WOUND CARE	360,212	8,224,694	0.043796	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	89,725	122,245	0.733977	0	0	90.00
91.00	09100	EMERGENCY	668,573	48,951,611	0.013658	16,159	221	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,687,878	0.000000	5,644	0	92.00
200.00		Total (lines 50-199)	5,665,841	466,929,119		328,677	3,253	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150047 Component CCN: 15S047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part IV Date/Time Prepared: 10/31/2016 8:18 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03951 SLEEP LAB	0	0	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03952 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 150047 Component CCN: 15S047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part IV Date/Time Prepared: 10/31/2016 8:18 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	43,471,142	0.000000	0.000000	0	50.00
50.01	03330 ENDOSCOPY	0	5,551,891	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	6,323,894	0.000000	0.000000	6,572	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,493,951	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,056,813	0.000000	0.000000	1,504	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	81,685,617	0.000000	0.000000	22,563	54.00
54.01	03630 ULTRA SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,204,248	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	64,964,792	0.000000	0.000000	71,085	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,952,861	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	17,817,136	0.000000	0.000000	21,292	65.00
66.00	06600 PHYSICAL THERAPY	0	5,620,185	0.000000	0.000000	7,913	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,651,684	0.000000	0.000000	11,248	67.00
68.00	06800 SPEECH PATHOLOGY	0	854,761	0.000000	0.000000	687	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,689,417	0.000000	0.000000	5,638	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,865,454	0.000000	0.000000	10,193	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,482,802	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	76,529,742	0.000000	0.000000	148,179	73.00
74.00	07400 RENAL DIALYSIS	0	2,192,998	0.000000	0.000000	0	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.01	03951 SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,533,303	0.000000	0.000000	0	76.02
76.03	03952 WOUND CARE	0	8,224,694	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	122,245	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	48,951,611	0.000000	0.000000	16,159	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	4,687,878	0.000000	0.000000	5,644	92.00
200.00	Total (lines 50-199)	0	466,929,119			328,677	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150047 Component CCN: 15S047	Period: From 06/01/2015 To 05/31/2016	Worksheet D Part IV Date/Time Prepared: 10/31/2016 8:18 am
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.01	03951 SLEEP LAB	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.02
76.03	03952 WOUND CARE	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
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: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D-1 Date/Time Prepared: 10/31/2016 8:18 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,929	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,929	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)		20,680	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)		5,711	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)		15,683,831	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)		15,683,831	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)		15,683,831	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)		655.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,743,161	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)		3,743,161	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150047		Period: From 06/01/2015 To 05/31/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	1,554,017	479	3,244.29	166	538,552	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	1,526,632	908	1,681.31	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	2,560,477	1,511	1,694.56	211	357,552	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)					7,081,972	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,721,237	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)					707,663	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					629,558	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,337,221	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					10,384,016	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,249	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					655.43	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,129,492	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150047		Period: From 06/01/2015 To 05/31/2016		Worksheet D-1 Date/Time Prepared: 10/31/2016 8:18 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,036,798	15,683,831	0.129866	2,129,492	276,549	90.00
91.00	Nursing School cost	0	15,683,831	0.000000	2,129,492	0	91.00
92.00	Allied health cost	0	15,683,831	0.000000	2,129,492	0	92.00
93.00	All other Medical Education	0	15,683,831	0.000000	2,129,492	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150047 Component CCN: 15S047	Period: From 06/01/2015 To 05/31/2016	Worksheet D-1 Date/Time Prepared: 10/31/2016 8:18 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			6,048 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			6,048 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			6,048 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			3,790 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)			3,715,047 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)			3,715,047 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)			3,715,047 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)			614.26 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,328,045 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,328,045 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150047		Period: From 06/01/2015 To 05/31/2016		Worksheet D-1	
		Component CCN: 15S047				Date/Time Prepared: 10/31/2016 8:18 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					613,819	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,941,864	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)					229,939	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					62,191	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					292,130	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,649,734	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: 150047 Component CCN: 15S047		Period: From 06/01/2015 To 05/31/2016		Worksheet D-1 Date/Time Prepared: 10/31/2016 8:18 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	366,933	3,715,047	0.098769	0	0	90.00
91.00	Nursing School cost	0	3,715,047	0.000000	0	0	91.00
92.00	Allied health cost	0	3,715,047	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,715,047	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150047 Component CCN: 155356	Period: From 06/01/2015 To 05/31/2016	Worksheet D-1 Date/Time Prepared: 10/31/2016 8:18 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,888	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,888	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)		4,888	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,026	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)		2,716,968	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)		2,716,968	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)		2,716,968	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D-1	
		Component CCN: 155356		Date/Time Prepared: 10/31/2016 8:18 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT				43.00
43.01	NEONATAL INTENSIVE CARE UNIT				43.01
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				2,716,968
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				555.84
72.00	Program routine service cost (line 9 x line 71)				1,126,132
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				1,126,132
75.00	Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0
76.00	Per diem capital -related costs (line 75 ÷ line 2)				0.00
77.00	Program capital -related costs (line 9 x line 76)				0
78.00	Inpatient routine service cost (line 74 minus line 77)				0
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0
81.00	Inpatient routine service cost per diem limitation				0.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0
83.00	Reasonable inpatient routine service costs (see instructions)				1,126,132
84.00	Program inpatient ancillary services (see instructions)				823,708
85.00	Utilization review - physician compensation (see instructions)				0
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				1,949,840
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150047 Component CCN: 155356		Period: From 06/01/2015 To 05/31/2016		Worksheet D-1 Date/Time Prepared: 10/31/2016 8:18 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D-1 Date/Time Prepared: 10/31/2016 8:18 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,929	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,929	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)		20,680	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,332	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)		783	15.00
16.00	Nursery days (title V or XIX only)		279	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)		15,683,831	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)		15,683,831	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)		15,683,831	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)		655.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		873,033	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)		873,033	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D-1 Date/Time Prepared: 10/31/2016 8:18 am
				Title XIX	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)	437,577	783	558.85	279	155,919	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	1,554,017	479	3,244.29	82	266,032	43.00
43.01 NEONATAL INTENSIVE CARE UNIT	1,526,632	908	1,681.31	510	857,468	43.01
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT	2,560,477	1,511	1,694.56	65	110,146	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)					1,703,578	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,966,176	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)					288,170	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					195,707	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					483,877	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,482,299	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					3,249	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					655.43	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,129,492	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150047		Period: From 06/01/2015 To 05/31/2016		Worksheet D-1 Date/Time Prepared: 10/31/2016 8:18 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,036,798	15,683,831	0.129866	2,129,492	276,549	90.00
91.00	Nursing School cost	0	15,683,831	0.000000	2,129,492	0	91.00
92.00	Allied health cost	0	15,683,831	0.000000	2,129,492	0	92.00
93.00	All other Medical Education	0	15,683,831	0.000000	2,129,492	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150047 Component CCN: 15S047	Period: From 06/01/2015 To 05/31/2016	Worksheet D-1 Date/Time Prepared: 10/31/2016 8:18 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,048	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,048	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,048	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)		226	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)		783	15.00
16.00	Nursery days (title V or XIX only)		279	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)		3,715,047	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)		3,715,047	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)		3,715,047	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)		614.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		138,823	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)		138,823	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150047 Component CCN: 15S047		Period: From 06/01/2015 To 05/31/2016		Worksheet D-1 Date/Time Prepared: 10/31/2016 8:18 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					39,788	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					178,611	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)					13,711	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,253	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					16,964	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					161,647	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: 150047 Component CCN: 15S047		Period: From 06/01/2015 To 05/31/2016		Worksheet D-1 Date/Time Prepared: 10/31/2016 8:18 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	366,933	3,715,047	0.098769	0	0	90.00
91.00	Nursing School cost	0	3,715,047	0.000000	0	0	91.00
92.00	Allied health cost	0	3,715,047	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,715,047	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D-3 Date/Time Prepared: 10/31/2016 8:18 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		13,730,145		30.00
31.00	03100 INTENSIVE CARE UNIT		638,262		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
33.00	03300 BURN INTENSIVE CARE UNIT		1,387,076		33.00
40.00	04000 SUBPROVIDER - I PF		0		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.105629	5,326,019	562,582	50.00
50.01	03330 ENDOSCOPY	0.174961	344,193	60,220	50.01
51.00	05100 RECOVERY ROOM	0.205072	432,709	88,737	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.796008	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.015583	715,723	11,153	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.079605	7,243,172	576,593	54.00
54.01	03630 ULTRA SOUND	0.000000	0	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105283	3,133,482	329,902	59.00
60.00	06000 LABORATORY	0.102188	8,237,636	841,788	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.184139	1,074,599	197,876	62.00
65.00	06500 RESPIRATORY THERAPY	0.101237	4,609,477	466,650	65.00
66.00	06600 PHYSICAL THERAPY	0.259761	450,082	116,914	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.202826	343,403	69,651	67.00
68.00	06800 SPEECH PATHOLOGY	0.239359	71,132	17,026	68.00
69.00	06900 ELECTROCARDIOLOGY	0.078413	375,823	29,469	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.213728	3,485,225	744,890	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.112152	4,883,025	547,641	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.105496	14,225,908	1,500,776	73.00
74.00	07400 RENAL DIALYSIS	0.272106	1,233,204	335,562	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.01	03951 SLEEP LAB	0.000000	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.244052	244,411	59,649	76.02
76.03	03952 WOUND CARE	0.246779	449,107	110,830	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3.549708	0	0	90.00
91.00	09100 EMERGENCY	0.116567	2,308,945	269,147	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.454255	319,018	144,916	92.00
200.00	Total (sum of lines 50-94 and 96-98)		59,506,293	7,081,972	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)		59,506,293		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D-3	
		Component CCN: 15S047		Date/Time Prepared: 10/31/2016 8:18 am	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		11,493,737	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.105629	6,348	50.00
50.01	03330	ENDOSCOPY	0.174961	13,572	50.01
51.00	05100	RECOVERY ROOM	0.205072	169,255	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.796008	0	52.00
53.00	05300	ANESTHESIOLOGY	0.015583	44,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079605	501,555	54.00
54.01	03630	ULTRA SOUND	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105283	0	59.00
60.00	06000	LABORATORY	0.102188	1,021,349	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.184139	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.101237	326,786	65.00
66.00	06600	PHYSICAL THERAPY	0.259761	134,918	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.202826	149,882	67.00
68.00	06800	SPEECH PATHOLOGY	0.239359	27,636	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078413	67,640	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213728	73,230	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.112152	300	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.105496	2,091,413	73.00
74.00	07400	RENAL DIALYSIS	0.272106	32,962	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.01	03951	SLEEP LAB	0.000000	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.244052	182,843	76.02
76.03	03952	WOUND CARE	0.246779	6,471	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.549708	0	90.00
91.00	09100	EMERGENCY	0.116567	249,778	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.454255	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		5,100,481	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		5,100,481	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150047 Component CCN: 155356	Period: From 06/01/2015 To 05/31/2016	Worksheet D-3 Date/Time Prepared: 10/31/2016 8:18 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0	31.01
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.105629	74,251	7,843 50.00
50.01	03330 ENDOSCOPY	0.174961	0	0 50.01
51.00	05100 RECOVERY ROOM	0.205072	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.796008	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.015583	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.079605	102,964	8,196 54.00
54.01	03630 ULTRA SOUND	0.000000	0	0 54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700 CT SCAN	0.000000	0	0 57.00
58.00	05800 MRI	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105283	0	0 59.00
60.00	06000 LABORATORY	0.102188	470,607	48,090 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.184139	20,904	3,849 62.00
65.00	06500 RESPIRATORY THERAPY	0.101237	699,571	70,822 65.00
66.00	06600 PHYSICAL THERAPY	0.259761	777,564	201,981 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.202826	735,831	149,246 67.00
68.00	06800 SPEECH PATHOLOGY	0.239359	13,567	3,247 68.00
69.00	06900 ELECTROCARDIOLOGY	0.078413	10,015	785 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.213728	172,058	36,774 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.112152	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.105496	2,413,237	254,587 73.00
74.00	07400 RENAL DIALYSIS	0.272106	0	0 74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0 76.00
76.01	03951 SLEEP LAB	0.000000	0	0 76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.244052	0	0 76.02
76.03	03952 WOUND CARE	0.246779	153,561	37,896 76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	3.549708	0	0 90.00
91.00	09100 EMERGENCY	0.116567	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.454255	864	392 92.00
200.00	Total (sum of lines 50-94 and 96-98)		5,644,994	823,708 200.00
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)		5,644,994	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D-3 Date/Time Prepared: 10/31/2016 8:18 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,492,278		30.00
31.00	03100 INTENSIVE CARE UNIT		309,468		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		1,772,252		31.01
33.00	03300 BURN INTENSIVE CARE UNIT		403,865		33.00
40.00	04000 SUBPROVIDER - I PF		0		40.00
43.00	04300 NURSERY		299,535		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.105629	1,426,705	150,701	50.00
50.01	03330 ENDOSCOPY	0.174961	44,925	7,860	50.01
51.00	05100 RECOVERY ROOM	0.205072	147,996	30,350	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.796008	398,063	316,861	52.00
53.00	05300 ANESTHESIOLOGY	0.015583	287,627	4,482	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.079605	1,169,474	93,096	54.00
54.01	03630 ULTRA SOUND	0.000000	0	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105283	81,822	8,614	59.00
60.00	06000 LABORATORY	0.102188	1,851,108	189,161	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.184139	219,064	40,338	62.00
65.00	06500 RESPIRATORY THERAPY	0.101237	1,341,724	135,832	65.00
66.00	06600 PHYSICAL THERAPY	0.259761	100,950	26,223	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.202826	95,197	19,308	67.00
68.00	06800 SPEECH PATHOLOGY	0.239359	120,138	28,756	68.00
69.00	06900 ELECTROCARDIOLOGY	0.078413	38,223	2,997	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.213728	613,647	131,154	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.112152	272,781	30,593	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.105496	3,582,125	377,900	73.00
74.00	07400 RENAL DIALYSIS	0.272106	47,833	13,016	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.01	03951 SLEEP LAB	0.000000	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.244052	58,792	14,348	76.02
76.03	03952 WOUND CARE	0.246779	105,622	26,065	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3.549708	307	1,090	90.00
91.00	09100 EMERGENCY	0.116567	330,010	38,468	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.454255	36,025	16,365	92.00
200.00	Total (sum of lines 50-94 and 96-98)		12,370,158	1,703,578	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)		12,370,158		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet D-3	
		Component CCN: 15S047		Date/Time Prepared: 10/31/2016 8:18 am	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		694,975		40.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.105629	0	0	50.00
50.01	03330 ENDOSCOPY	0.174961	0	0	50.01
51.00	05100 RECOVERY ROOM	0.205072	6,572	1,348	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.796008	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.015583	1,504	23	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.079605	22,563	1,796	54.00
54.01	03630 ULTRA SOUND	0.000000	0	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105283	0	0	59.00
60.00	06000 LABORATORY	0.102188	71,085	7,264	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.184139	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.101237	21,292	2,156	65.00
66.00	06600 PHYSICAL THERAPY	0.259761	7,913	2,055	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.202826	11,248	2,281	67.00
68.00	06800 SPEECH PATHOLOGY	0.239359	687	164	68.00
69.00	06900 ELECTROCARDIOLOGY	0.078413	5,638	442	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.213728	10,193	2,179	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.112152	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.105496	148,179	15,632	73.00
74.00	07400 RENAL DIALYSIS	0.272106	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.01	03951 SLEEP LAB	0.000000	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.244052	0	0	76.02
76.03	03952 WOUND CARE	0.246779	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3.549708	0	0	90.00
91.00	09100 EMERGENCY	0.116567	16,159	1,884	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.454255	5,644	2,564	92.00
200.00	Total (sum of lines 50-94 and 96-98)		328,677	39,788	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)		328,677		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet E Part A Date/Time Prepared: 10/31/2016 8:18 am
		Title XVII	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)		3,244,882	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,224,179	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)		681,899	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		5,203,977	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		102.12	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)		8.95	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)		1.89	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).		0.05	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)		7.11	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		5.13	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		5.13	12.00
13.00	Total allowable FTE count for the prior year.		5.14	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.		5.70	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.32	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		5.32	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.052096	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.045040	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.045040	21.00
22.00	IME payment adjustment (see instructions)		230,127	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		126,472	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).		4.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.98	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)		230,127	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		126,472	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.42	30.00
31.00	Percentage of Medicaid patient days (see instructions)		39.83	31.00
32.00	Sum of lines 30 and 31		49.25	32.00
33.00	Allowable disproportionate share percentage (see instructions)		30.04	33.00
34.00	Disproportionate share adjustment (see instructions)		711,127	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet E Part A Date/Time Prepared: 10/31/2016 8:18 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000218530	0.000220237	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,671,243	1,410,872	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	558,608	940,582	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,499,190		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)	12,591,404		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)		12,717,876	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		994,695	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).		170,500	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		13,350	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		13,896,421	59.00
60.00	Primary payer payments		4,747	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,891,674	61.00
62.00	Deductibles billed to program beneficiaries		900,536	62.00
63.00	Coinurance billed to program beneficiaries		36,750	63.00
64.00	Allowable bad debts (see instructions)		199,824	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		129,886	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		104,457	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		13,084,274	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)		-52,500	70.93
70.94	HRR adjustment amount (see instructions)		-28,633	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet E Part A Date/Time Prepared: 10/31/2016 8:18 am	
		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)		88,557		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		12,914,584		71.00
71.01	Sequestration adjustment (see instructions)		258,292		71.01
72.00	Interim payments		12,430,439		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)		225,853		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,659,962		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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 10/31/2016 8:18 am
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		Title XVIII			Hospital		PPS
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,244,882	3,244,882		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,224,179		6,224,179	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	681,899	294,389	387,510	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	5,203,977	1,300,994	3,902,983	4.00	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.045040	0.045040	0.045040	5.00	
6.00	IME payment adjustment (see instructions)	22.00	230,127	78,860	151,267	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	126,472	31,618	94,854	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	230,127	78,860	151,267	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	126,472	31,618	94,854	9.01	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3004	0.3004	0.3004	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	711,127	243,691	467,436	11.00	
11.01	Uncompensated care payments	36.00	1,499,190	558,608	940,582	11.01	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	12,591,404	4,420,430	8,170,974	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	12,717,876	4,452,048	8,265,828	15.00	
16.00	Payment for inpatient program capital	50.00	994,695	350,757	643,938	16.00	
17.00	Special add-on payments for new technologies	54.00	13,350	8,171	5,179	13,350	
17.01	Net organ acquisition cost	55.00	0	0	0	17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00	
19.00	SUBTOTAL			4,810,976	8,914,945	13,725,921	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 10/31/2016 8:18 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	752,771	258,230	494,541	752,771	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	145,419	59,421	85,998	145,419	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0234	0.0234	0.0234		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	17,615	6,043	11,572	17,615	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1048	0.1048	0.1048		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	78,890	27,063	51,827	78,890	25.00
26.00	Total prospective capital payments (see instructions)	12.00	994,695	350,757	643,938	994,695	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-52,500	-15,032	-37,468	-52,500	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-28,633	-6,831	-21,802	-28,633	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	88,557	88,557	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet E Part B Date/Time Prepared: 10/31/2016 8:18 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,449	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,440,314	2.00
3.00	PPS payments		6,010,794	3.00
4.00	Outlier payment (see instructions)		52,048	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)		2,449	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		23,404	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)		23,404	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)		23,404	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		20,955	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)		2,449	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)		6,062,842	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)		1,076,497	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)		4,988,794	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		66,335	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)		5,055,129	30.00
31.00	Primary payer payments		605	31.00
32.00	Subtotal (line 30 minus line 31)		5,054,524	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)		278,262	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		180,870	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		253,069	36.00
37.00	Subtotal (see instructions)		5,235,394	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-13	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)		5,235,407	40.00
40.01	Sequestration adjustment (see instructions)		104,708	40.01
41.00	Interim payments		5,163,393	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-32,694	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150047 Component CCN: 15S047	Period: From 06/01/2015 To 05/31/2016	Worksheet E Part B Date/Time Prepared: 10/31/2016 8:18 am
		Title XVII I	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		459	2.00
3.00	PPS payments		571	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		571	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)		136	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)		435	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		435	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		435	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		435	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		435	40.00
40.01	Sequestration adjustment (see instructions)		9	40.01
41.00	Interim payments		426	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
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: 150047		Period: From 06/01/2015 To 05/31/2016		Worksheet E-1 Part I Date/Time Prepared: 10/31/2016 8:18 am	
		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		12,430,439		5,134,193	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	12/07/2015	29,200	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		29,200	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)		12,430,439		5,163,393	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		225,853		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		32,694	6.02	
7.00	Total Medicare program liability (see instructions)		12,656,292		5,130,699	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: 150047
Component CCN: 15S047

Period:
From 06/01/2015
To 05/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
10/31/2016 8:18 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,035,493		426	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,035,493		426	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		9,079		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,044,572		426	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: 150047
Component CCN: 155356

Period:
From 06/01/2015
To 05/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
10/31/2016 8:18 am
PPS

Title XVIII

Skilled Nursing
Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		664,384		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		664,384		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		85		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		664,469		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: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet E-1
Part II
Date/Time Prepared:
10/31/2016 8:18 am

		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			4,824 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			6,088 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3,516 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			23,578 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			550,207,230 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			981,091 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: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet E-3 Part II Date/Time Prepared: 10/31/2016 8:18 am
		Component CCN: 15S047	Title XVII I	Subprovider - IPF PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		3,349,771	1.00
2.00	Net IPF PPS Outlier Payments		1,629	2.00
3.00	Net IPF PPS ECT Payments		6,639	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		16,524,590	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		3,358,039	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		3,358,039	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		3,358,039	18.00
19.00	Deductibles		191,772	19.00
20.00	Subtotal (line 18 minus line 19)		3,166,267	20.00
21.00	Coinsurance		68,810	21.00
22.00	Subtotal (line 20 minus line 21)		3,097,457	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		14,229	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		9,249	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		11,301	25.00
26.00	Subtotal (sum of lines 22 and 24)		3,106,706	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		3,106,706	31.00
31.01	Sequestration adjustment (see instructions)		62,134	31.01
32.00	Interim payments		3,035,493	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		9,079	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		1,629	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: 150047 Component CCN: 155356	Period: From 06/01/2015 To 05/31/2016	Worksheet E-3 Part VI Date/Time Prepared: 10/31/2016 8:18 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		775,009	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		775,009	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		97,066	7.00
8.00	Allowable bad debts (see instructions)		134	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		87	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		678,030	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		678,030	15.00
15.01	Sequestration adjustment (see instructions)		13,561	15.01
16.00	Interim payments		664,384	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		85	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 10/31/2016 8:18 am	
		Title XIX	Hospital	PPS	
			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			907,347	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	907,347	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	907,347	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		12,370,158	7,706,614	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)		12,370,158	7,706,614	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)		12,370,158	7,706,614	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		12,370,158	6,799,267	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	907,347	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)		0	907,347	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	907,347	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)		0	907,347	36.00
37.00	ELIMINATE SETTLEMENT		0	-907,347	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	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: 150047 Component CCN: 15S047	Period: From 06/01/2015 To 05/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 10/31/2016 8:18 am
		Title XIX	Subprovider - IPF	PPS
			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		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	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	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		694,975	8.00
9.00	Ancillary service charges		328,677	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		1,023,652	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		1,023,652	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,023,652	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		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	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		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	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		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	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet E-4 Date/Time Prepared: 10/31/2016 8:18 am	
		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.			7.63	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-0.80	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)			6.83	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			5.13	6.00
7.00	Enter the lesser of line 5 or line 6			5.13	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.	5.13	0.00	5.13	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.	5.13	0.00	5.13	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	5.13	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	5.14	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	5.70	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	5.32	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	5.32	0.00		17.00
18.00	Per resident amount	96,168.42	91,063.05		18.00
19.00	Approved amount for resident costs	511,616	0	511,616	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)			5.00	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)			95,636.89	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)			511,616	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	9,878	4,542		26.00
27.00	Total Inpatient Days (see instructions)	29,764	29,764		27.00
28.00	Ratio of inpatient days to total inpatient days	0.331877	0.152600		28.00
29.00	Program direct GME amount	169,794	78,073		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		11,032		30.00
31.00	Net Program direct GME amount			236,835	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet E-4 Date/Time Prepared: 10/31/2016 8:18 am
		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)		2,192,998	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)		16,564,242	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)		4,747	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		16,559,495	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		6,443,222	42.00
43.00	Primary payer payments (see instructions)		605	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		6,442,617	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		23,002,112	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.719912	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.280088	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		236,835	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		170,500	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		66,335	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 150047 Period: From 06/01/2015 To 05/31/2016 Worksheet G
 Date/Time Prepared: 10/31/2016 8:18 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-429,197	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	29,294,793	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-5,502,678	0	0	0	6.00
7.00	Inventory	3,504,905	0	0	0	7.00
8.00	Prepaid expenses	585,073	0	0	0	8.00
9.00	Other current assets	892,127	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)	28,345,023	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,010,000	0	0	0	12.00
13.00	Land improvements	400,981	0	0	0	13.00
14.00	Accumulated depreciation	-316,600	0	0	0	14.00
15.00	Buildings	28,336,155	0	0	0	15.00
16.00	Accumulated depreciation	-13,990,401	0	0	0	16.00
17.00	Leasehold improvements	21,265,765	0	0	0	17.00
18.00	Accumulated depreciation	-5,627,624	0	0	0	18.00
19.00	Fixed equipment	477,890	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	19,577,927	0	0	0	23.00
24.00	Accumulated depreciation	-15,715,533	0	0	0	24.00
25.00	Minor equipment depreciable	7,516,319	0	0	0	25.00
26.00	Accumulated depreciation	-5,942,083	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)	36,992,796	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	6,676,851	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,676,851	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	72,014,670	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,649,732	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,979,273	0	0	0	38.00
39.00	Payroll taxes payable	360,542	0	0	0	39.00
40.00	Notes and loans payable (short term)	22,222	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	24,227,284	0	0	0	43.00
44.00	Other current liabilities	1,807,253	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,046,306	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	35,185	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	35,185	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	32,081,491	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	39,933,179				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)	39,933,179	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	72,014,670	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet G-1

Date/Time Prepared:
10/31/2016 8:18 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		36,724,877		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		3,208,305		0	2.00
3.00	Total (sum of line 1 and line 2)		39,933,182		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)		39,933,182		0	11.00
12.00	ROUNDING	3		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)		3		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		39,933,179		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	ROUNDING		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: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
10/31/2016 8:18 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	46,515,121		46,515,121	1.00
2.00	SUBPROVIDER - IPF	18,554,919		18,554,919	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,551,360		3,551,360	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)	68,621,400		68,621,400	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,828,258		1,828,258	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	3,140,697		3,140,697	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	9,687,756		9,687,756	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)	14,656,711		14,656,711	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	83,278,111		83,278,111	17.00
18.00	Ancillary services	205,484,648	207,682,737	413,167,385	18.00
19.00	Outpatient services	10,437,268	43,324,466	53,761,734	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	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	299,200,027	251,007,203	550,207,230	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		93,715,630		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)		93,715,630		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150047

Period:
From 06/01/2015
To 05/31/2016

Worksheet G-3

Date/Time Prepared:
10/31/2016 8:18 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	550,207,230	1.00
2.00	Less contractual allowances and discounts on patients' accounts	453,474,188	2.00
3.00	Net patient revenues (line 1 minus line 2)	96,733,042	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	93,715,630	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,017,412	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	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	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	190,893	24.00
25.00	Total other income (sum of lines 6-24)	190,893	25.00
26.00	Total (line 5 plus line 25)	3,208,305	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,208,305	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150047	Period: From 06/01/2015 To 05/31/2016	Worksheet L Parts I-III Date/Time Prepared: 10/31/2016 8:18 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		752,771	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		145,419	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)		64.80	3.00
4.00	Number of interns & residents (see instructions)		5.32	4.00
5.00	Indirect medical education percentage (see instructions)		2.34	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)		17,615	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.42	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		39.83	8.00
9.00	Sum of lines 7 and 8		49.25	9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.48	10.00
11.00	Disproportionate share adjustment (see instructions)		78,890	11.00
12.00	Total prospective capital payments (see instructions)		994,695	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