This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0002	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/26/2017 1:16 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/26/2017 Time: 1:16 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 METHODIST HOSPITALS, INC (15-0002) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	756,665	-114,329	0	-693,763	1.00
2.00	Subprovider - IPF	0	6,516	292		110,629	2.00
3.00	Subprovider - IRF	0	98,528	-1		10,209	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	861,709	-114,038	0	-572,925	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I | Date/Time Prepared: 5/26/2017 1:14 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 600 GRANT STREET	PO Box:			1.00
2.00	City: GARY	State: IN	Zip Code: 46402	County: LAKE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		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	METHODIST HOSPITALS, INC	150002	23844	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	GERIATRIC PSYCH	15S002	23844	4	01/01/2012	N	P	O	4.00
5.00	Subprovider - IRF	REHABILITATION	15T002	23844	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	METHODIST HOME CARE SERVICES	157536	23844		02/12/2002	N	P	O	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2016	12/31/2016	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,217	12,169	463	594	11,768	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid 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.	94	667	0	24	737		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/26/2017 1:14 pm

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/26/2017 1:14 pm

		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	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	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	
	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.				
64.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/26/2017 1:14 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			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		0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00

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		V	XIX	
		1.00	2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,830,012	0	228,143	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: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/26/2017 1:14 pm

		1.00	2.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		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:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	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	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0002	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/26/2017 1:14 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/02/2016	12/30/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part II | Date/Time Prepared: 5/26/2017 1:14 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	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)	N			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.	Y	A	04/07/2017	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/23/2017	Y	03/23/2017	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part II Date/Time Prepared: 5/26/2017 1:14 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed 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.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	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.	Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		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.	N		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MICHAEL	ALESSANDRINI	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7959	MALESSANDRINI@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part II Date/Time Prepared: 5/26/2017 1:14 pm

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/26/2017 1:14 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	370	135,420	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)		370	135,420	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	33	12,078	0.00	0	8.00
8.01	NEONATAL ICU	31.01	35	12,810	0.00	0	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	43.00				0	13.00
14.00	Total (see instructions)		438	160,308	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	12	4,392		0	16.00
17.00	SUBPROVIDER - IRF	41.00	39	14,274		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		489				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 5/26/2017 1:14 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30,671	3,213	75,634			1.00
2.00	HMO and other (see instructions)	3,593	24,919				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	1,428				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)	30,671	3,213	75,634			7.00
8.00	INTENSIVE CARE UNIT	3,562	0	8,305			8.00
8.01	NEONATAL ICU	0	0	3,489			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		0	2,802			13.00
14.00	Total (see instructions)	34,233	3,213	90,230	2.93	2,079.51	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,614	525	2,967	0.00	13.54	16.00
17.00	SUBPROVIDER - IRF	6,219	94	10,240	0.00	47.35	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	7,431	4,362	19,359	0.00	24.62	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				2.93	2,165.02	27.00
28.00	Observation Bed Days		0	19,384			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	79	85			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: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I | Date/Time Prepared: 5/26/2017 1:14 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	5,926	418	15,584	1.00
2.00	HMO and other (see instructions)			493	4,097		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				99		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 ICU						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	5,926	418	15,584	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	92	0	242	16.00
17.00	SUBPROVIDER - IRF	0.00	0	449	8	723	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/26/2017 1:14 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	147,977,382	-386,884	147,590,498	4,503,234.00	32.77	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		227,722	0	227,722	6,240.00	36.49	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		28,777,108	230,732	29,007,840	554,465.00	52.32	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,435,085	0	4,435,085	95,781.00	46.30	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		855,310	0	855,310	7,030.00	121.67	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		35,171,451	0	35,171,451			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		5,977,234	0	5,977,234			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/26/2017 1:14 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,625,177	-110,309	1,514,868	34,918.00	43.38	26.00
27.00	Administrative & General	5.00	21,040,088	-536,946	20,503,142	668,907.00	30.65	27.00
28.00	Administrative & General under contract (see inst.)		1,210,499	0	1,210,499	4,802.00	252.08	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,599,819	-8,518	3,591,301	158,847.00	22.61	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	4,738,469	-29,136	4,709,333	303,696.00	15.51	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,077,411	-939,899	2,137,512	122,058.00	17.51	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	331,313	929,933	1,261,246	71,687.00	17.59	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,705,196	-14,954	2,690,242	62,159.00	43.28	38.00
39.00	Central Services and Supply	14.00	561,047	-5,187	555,860	30,532.00	18.21	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	2,037,106	-184	2,036,922	85,022.00	23.96	41.00
42.00	Social Service	17.00	75,566	492,378	567,944	18,728.00	30.33	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part III Date/Time Prepared: 5/26/2017 1:14 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		148,960,159	-386,884	148,573,275	4,501,796.00	33.00	1.00
2.00	Excluded area salaries (see instructions)		28,777,108	230,732	29,007,840	554,465.00	52.32	2.00
3.00	Subtotal salaries (line 1 minus line 2)		120,183,051	-617,616	119,565,435	3,947,331.00	30.29	3.00
4.00	Subtotal other wages & related costs (see inst.)		5,290,395	0	5,290,395	102,811.00	51.46	4.00
5.00	Subtotal wage-related costs (see inst.)		35,171,451	0	35,171,451	0.00	29.42	5.00
6.00	Total (sum of lines 3 thru 5)		160,644,897	-617,616	160,027,281	4,050,142.00	39.51	6.00
7.00	Total overhead cost (see instructions)		41,001,691	-222,822	40,778,869	1,561,356.00	26.12	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part IV Date/Time Prepared: 5/26/2017 1:14 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	2,132,187	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	6,684,027	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)	16,160,645	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	2,776,442	9.00
10.00	Dental, Hearing and Vision Plan	1,105,426	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	506,635	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,166,470	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	10,153,082	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	175,328	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	288,443	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	41,148,685	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part V Date/Time Prepared: 5/26/2017 1:14 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	41,148,685	1.00
2.00	Hospital	0	41,148,685	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	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

HOME HEALTH AGENCY STATISTICAL DATA | Provider CCN: 15-0002 | Component CCN: 15-7536 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-4 | Date/Time Prepared: 5/26/2017 1:14 pm

Home Health Agency I | PPS

						1.00	
0.00	County						0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	349.00	0.00	0.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			6.41	0.00	6.41	5.00
6.00	Direct Nursing Service			10.11	0.00	10.11	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			4.29	0.00	4.29	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.05	0.00	1.05	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.46	0.00	0.46	12.00
13.00	Speech Pathology Supervisor			0.05	0.00	0.05	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.24	0.00	2.24	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			23844			20.00
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	3,000	239	144	172	3,555	21.00
22.00	Skilled Nursing Visit Charges	472,059	37,560	22,761	27,150	559,530	22.00
23.00	Physical Therapy Visits	2,079	48	21	120	2,268	23.00
24.00	Physical Therapy Visit Charges	357,976	8,272	3,654	20,670	390,572	24.00
25.00	Occupational Therapy Visits	407	19	1	31	458	25.00
26.00	Occupational Therapy Visit Charges	70,195	3,285	175	5,345	79,000	26.00
27.00	Speech Pathology Visits	126	1	1	4	132	27.00
28.00	Speech Pathology Visit Charges	23,446	188	188	752	24,574	28.00
29.00	Medical Social Service Visits	4	0	0	3	7	29.00
30.00	Medical Social Service Visit Charges	998	0	0	759	1,757	30.00
31.00	Home Health Aide Visits	871	81	5	54	1,011	31.00
32.00	Home Health Aide Visit Charges	61,169	5,735	355	3,798	71,057	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	6,487	388	172	384	7,431	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	985,843	55,040	27,133	58,474	1,126,490	35.00
36.00	Total Number of Episodes (standard/non outlier)	360		62	24	446	36.00
37.00	Total Number of Outlier Episodes		9		3	12	37.00
38.00	Total Non-Routine Medical Supply Charges	48,311	22,638	1,813	600	73,362	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-10 | Date/Time Prepared: 5/26/2017 1:14 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.239875	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	29,407,208	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?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	148,074,424	6.00
7.00	Medicaid cost (line 1 times line 6)	35,519,352	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	6,112,144	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	6,112,144	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	34,239,170	0	34,239,170	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	8,213,121	0	8,213,121	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,213,121	0	8,213,121	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)	16,098,324	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,751,942	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	14,346,382	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	3,441,338	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	11,654,459	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	17,766,603	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	9,297,778	9,297,778	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,625,177	31,094,652	32,719,829	276,561	32,996,390	4.00
5.01	00550	DATA PROCESSING	4,325,491	9,717,309	14,042,800	-3,406	14,039,394	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	975,987	2,673,049	3,649,036	-45,194	3,603,842	5.02
5.03	00570	ADMITTING	2,018,641	465,239	2,483,880	-8,290	2,475,590	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,102,892	2,672,939	4,775,831	-4,987	4,770,844	5.04
5.05	00590	OTHER A&G	11,064,638	22,872,036	33,936,674	-12,637,772	21,298,902	5.05
5.06	00592	PATIENT TRANSPORTATION	552,439	65,533	617,972	8,442	626,414	5.06
7.00	00700	OPERATION OF PLANT	3,599,819	8,154,468	11,754,287	4,378,443	16,132,730	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,435,714	1,435,714	0	1,435,714	8.00
9.00	00900	HOUSEKEEPING	4,738,469	1,304,211	6,042,680	-32,522	6,010,158	9.00
10.00	01000	DIETARY	3,077,411	3,688,748	6,766,159	-2,276,460	4,489,699	10.00
11.00	01100	CAFETERIA	331,313	44,914	376,227	2,266,494	2,642,721	11.00
13.00	01300	NURSING ADMINISTRATION	2,705,196	737,672	3,442,868	-15,759	3,427,109	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	561,047	1,948,524	2,509,571	-245,796	2,263,775	14.00
15.00	01500	PHARMACY	0	16,077,333	16,077,333	-10,619,036	5,458,297	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,037,106	1,109,552	3,146,658	-184	3,146,474	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	492,378	492,378	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	75,566	28,641	104,207	-142	104,065	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	197,546	197,546	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	30,176	30,176	22.00
23.00	02300	PARAMED ED PROGRAM	400,509	99,966	500,475	211,392	711,867	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,784,678	7,203,703	37,988,381	-824,700	37,163,681	30.00
31.00	03100	INTENSIVE CARE UNIT	6,378,761	1,739,131	8,117,892	-218,190	7,899,702	31.00
31.01	03101	NEONATAL ICU	2,248,575	794,944	3,043,519	-14,373	3,029,146	31.01
40.00	04000	SUBPROVIDER - IPF	1,019,784	94,765	1,114,549	34,286	1,148,835	40.00
41.00	04100	SUBPROVIDER - IRF	3,098,258	495,056	3,593,314	-61,071	3,532,243	41.00
43.00	04300	NURSERY	712,350	295,046	1,007,396	-38,944	968,452	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,174,101	18,346,218	22,520,319	-13,807,610	8,712,709	50.00
50.01	05001	ENDOSCOPY	1,195,062	2,231,167	3,426,229	-356,965	3,069,264	50.01
51.00	05100	RECOVERY ROOM	1,060,523	140,125	1,200,648	-18,658	1,181,990	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,430,655	520,401	2,951,056	-15,005	2,936,051	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,410,257	2,248,378	4,658,635	-118,372	4,540,263	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	1,390,914	673,487	2,064,401	-90,609	1,973,792	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	491,118	1,298,484	1,789,602	-11,597	1,778,005	55.00
56.00	05600	RADIOISOTOPE	564,644	968,102	1,532,746	-766	1,531,980	56.00
57.00	05700	CT SCAN	1,068,157	1,293,362	2,361,519	-87,384	2,274,135	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	463,519	459,979	923,498	-59,775	863,723	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,004,530	7,791,576	9,796,106	-5,885,696	3,910,410	59.00
60.00	06000	LABORATORY	3,547,102	6,730,143	10,277,245	-3,180	10,274,065	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,162,738	371,692	1,534,430	-20,047	1,514,383	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,404,010	1,098,683	3,502,693	-197,155	3,305,538	65.00
66.00	06600	PHYSICAL THERAPY	1,477,774	127,318	1,605,092	6,815	1,611,907	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,146,195	133,207	1,279,402	-189	1,279,213	67.00
68.00	06800	SPEECH PATHOLOGY	402,925	48,764	451,689	0	451,689	68.00
69.00	06900	ELECTROCARDIOLOGY	625,735	251,119	876,854	-4,902	871,952	69.00
69.01	06901	CARDIAC REHAB	393,941	277,059	671,000	-1,040	669,960	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	958,324	5,909,836	6,868,160	-3,975,574	2,892,586	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,096,772	12,096,772	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,957,025	13,957,025	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	427,527	972,462	1,399,989	10,497,104	11,897,093	73.00
74.00	07400	RENAL DIALYSIS	0	1,952,756	1,952,756	-146	1,952,610	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,553,028	2,132,447	4,685,475	-120,264	4,565,211	90.00
91.00	09100	EMERGENCY	6,931,939	2,982,908	9,914,847	-582,353	9,332,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,843,483	313,069	2,156,552	-4,815	2,151,737	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	125,562,308	174,085,887	299,648,195	1,342,284	300,990,479	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,218	178,810	236,028	0	236,028	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	19,000,031	18,274,945	37,274,976	-65,493	37,209,483	192.00
192.01	19201	OTHER NON-REIMBURSABLE	3,196,831	2,962,922	6,159,753	-1,276,791	4,882,962	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	160,994	55,652	216,646	0	216,646	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	147,977,382	195,558,216	343,535,598	0	343,535,598	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,525,391	6,772,387		1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	858,686	33,855,076		4.00
5.01	00550	DATA PROCESSING	-230,000	13,809,394		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	3,603,842		5.02
5.03	00570	ADMITTING	0	2,475,590		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	-17,188	4,753,656		5.04
5.05	00590	OTHER A&G	-456,637	20,842,265		5.05
5.06	00592	PATIENT TRANSPORTATION	0	626,414		5.06
7.00	00700	OPERATION OF PLANT	0	16,132,730		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,435,714		8.00
9.00	00900	HOUSEKEEPING	-3,310	6,006,848		9.00
10.00	01000	DIETARY	-28,888	4,460,811		10.00
11.00	01100	CAFETERIA	-984,635	1,658,086		11.00
13.00	01300	NURSING ADMINISTRATION	-6,724	3,420,385		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,263,775		14.00
15.00	01500	PHARMACY	-367,899	5,090,398		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-10,421	3,136,053		16.00
17.00	01700	SOCIAL SERVICE	0	492,378		17.00
17.01	01701	STAFF EDUCATION	0	0		17.01
17.02	01702	MEDICAL EDUCATION	0	104,065		17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	197,546		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	30,176		22.00
23.00	02300	PARAMED ED PROGRAM	-388,460	323,407		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-279,140	36,884,541		30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,899,702		31.00
31.01	03101	NEONATAL ICU	-602,000	2,427,146		31.01
40.00	04000	SUBPROVIDER - IPF	0	1,148,835		40.00
41.00	04100	SUBPROVIDER - IRF	0	3,532,243		41.00
43.00	04300	NURSERY	0	968,452		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	8,712,709		50.00
50.01	05001	ENDOSCOPY	0	3,069,264		50.01
51.00	05100	RECOVERY ROOM	0	1,181,990		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,936,051		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,240	4,539,023		54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	1,973,792		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-267,507	1,510,498		55.00
56.00	05600	RADIOISOTOPE	0	1,531,980		56.00
57.00	05700	CT SCAN	-231	2,273,904		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	863,723		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,910,410		59.00
60.00	06000	LABORATORY	-97,802	10,176,263		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-65,340	1,449,043		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	3,305,538		65.00
66.00	06600	PHYSICAL THERAPY	0	1,611,907		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,279,213		67.00
68.00	06800	SPEECH PATHOLOGY	0	451,689		68.00
69.00	06900	ELECTROCARDIOLOGY	0	871,952		69.00
69.01	06901	CARDIAC REHAB	-178,092	491,868		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-80,651	2,811,935		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,096,772		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,957,025		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,897,093		73.00
74.00	07400	RENAL DIALYSIS	0	1,952,610		74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	7,159	4,572,370		90.00
91.00	09100	EMERGENCY	0	9,332,494		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	2,151,737		101.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	-5,725,711	295,264,768		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	236,028		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	37,209,483		192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
192.01	19201	OTHER NON-REIMBURSABLE	0	4,882,962		192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	216,646		192.02
193.00	19300	NONPAID WORKERS	0	0		193.00
200.00		TOTAL (SUM OF LINES 118-199)	-5,725,711	337,809,887		200.00

RECLASSIFICATIONS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/26/2017 1:14 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - CAFETERIA				
1.00	CAFETERIA	11.00	929,933	1,336,561	1.00
	0		929,933	1,336,561	
	B - CLINICAL TRAINING COST				
1.00	PARAMED ED PROGRAM	23.00	211,554	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	0		211,554	0	
	C - SOCIAL WORKERS				
1.00	SOCIAL SERVICE	17.00	492,378	0	1.00
	0		492,378	0	
	E - RESIDENTS				
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	197,546	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	30,176	2.00
	0		0	227,722	
	F - MED SUPPLY				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,096,772	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	13,957,025	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
	0		0	26,053,797	
	G - LIGHT DUTY				
1.00	PATIENT TRANSPORTATION	5.06	8,442	0	1.00
2.00	HOUSEKEEPING	9.00	4,100	0	2.00
3.00	DIETARY	10.00	7,049	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	7,779	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	11,457	0	5.00
6.00	SUBPROVIDER - IPF	40.00	34,509	0	6.00

RECLASSIFICATIONS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/26/2017 1:14 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00	SUBPROVIDER - IRF	41.00	552	0		7.00
8.00	OPERATING ROOM	50.00	14,595	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	2,837	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	9,385	0		10.00
11.00	PHYSICAL THERAPY	66.00	9,604	0		11.00
	0		110,309	0		
	H - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,532,692		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	0		0	3,532,692		
	I - CORPORATE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,765,086		1.00
2.00	OPERATION OF PLANT	7.00	0	4,387,000		2.00
	0		0	10,152,086		
	J - DRUG EXPENSE					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,590,136		1.00
	0		0	10,590,136		
	L - PSTD RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	386,884		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
	0		0	386,884		
500.00	Grand Total: Increases		1,744,174	52,279,878		500.00

RECLASSIFICATIONS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/26/2017 1:14 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA						
1.00	DIETARY	10.00	929,933	1,336,561	0		1.00
	0		929,933	1,336,561			
	B - CLINICAL TRAINING COST						
1.00	ADULTS & PEDIATRICS	30.00	18,431	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	10,420	0	0		2.00
3.00	OPERATING ROOM	50.00	13,403	0	0		3.00
4.00	ENDOSCOPY	50.01	4,847	0	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	2,798	0	0		5.00
6.00	RESPIRATORY THERAPY	65.00	8,769	0	0		6.00
7.00	EMERGENCY	91.00	152,886	0	0		7.00
	0		211,554	0			
	C - SOCIAL WORKERS						
1.00	OTHER A&G	5.05	492,378	0	0		1.00
	0		492,378	0			
	E - RESIDENTS						
1.00	EMERGENCY	91.00	0	227,722	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	227,722			
	F - MED SUPPLY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.02	0	43,742	0		2.00
3.00	ADMITTING	5.03	0	38	0		3.00
4.00	OTHER A&G	5.05	0	29	0		4.00
5.00	OPERATION OF PLANT	7.00	0	39	0		5.00
6.00	HOUSEKEEPING	9.00	0	3,386	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	805	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	240,609	0		8.00
9.00	PHARMACY	15.00	0	28,900	0		9.00
10.00	MEDICAL EDUCATION	17.02	0	142	0		10.00
11.00	PARAMED ED PROGRAM	23.00	0	162	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	665,353	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	211,089	0		13.00
14.00	NEONATAL ICU	31.01	0	83	0		14.00
15.00	SUBPROVIDER - IPF	40.00	0	223	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	51,670	0		16.00
17.00	NURSERY	43.00	0	38,944	0		17.00
18.00	OPERATING ROOM	50.00	0	13,803,874	0		18.00
19.00	ENDOSCOPY	50.01	0	352,118	0		19.00
20.00	RECOVERY ROOM	51.00	0	18,120	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,337	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,665	0		22.00
23.00	RADIOLOGY - ULTRASOUND	54.01	0	28,135	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,960	0		24.00
25.00	RADIOISOTOPE	56.00	0	421	0		25.00
26.00	CT SCAN	57.00	0	27,877	0		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	268	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	5,882,025	0		28.00
29.00	LABORATORY	60.00	0	296	0		29.00
30.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	820	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	182,624	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	1,496	0		32.00
33.00	OCCUPATIONAL THERAPY	67.00	0	189	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	4,902	0		34.00
35.00	CARDIAC REHAB	69.01	0	1,040	0		35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,975,574	0		36.00
37.00	DRUGS CHARGED TO PATIENTS	73.00	0	93,032	0		37.00
38.00	RENAL DIALYSIS	74.00	0	146	0		38.00
39.00	CLINIC	90.00	0	115,219	0		39.00
40.00	EMERGENCY	91.00	0	195,053	0		40.00
41.00	HOME HEALTH AGENCY	101.00	0	4,815	0		41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	59,563	0		42.00
	0		0	26,053,797			
	G - LIGHT DUTY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	110,309	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00

RECLASSIFICATIONS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/26/2017 1:14 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	0		110,309	0			
	H - INTEREST EXPENSE						
1.00	OTHER A&G	5.05	0	1,958,366	11		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	119,014	11		2.00
3.00	RADIOLOGY - ULTRASOUND	54.01	0	59,507	11		3.00
4.00	CT SCAN	57.00	0	59,507	11		4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	59,507	11		5.00
6.00	OTHER NON-REIMBURSABLE	192.01	0	1,276,791	11		6.00
	0		0	3,532,692			
	I - CORPORATE EXPENSE						
1.00	OTHER A&G	5.05	0	10,152,086	9		1.00
2.00		0.00	0	0	0		2.00
	0		0	10,152,086			
	J - DRUG EXPENSE						
1.00	PHARMACY	15.00	0	10,590,136	0		1.00
	0		0	10,590,136			
	L - PSTD RECLASS						
1.00	DATA PROCESSING	5.01	3,406	0	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.02	1,452	0	0		2.00
3.00	ADMITTING	5.03	8,252	0	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	4,987	0	0		4.00
5.00	OTHER A&G	5.05	34,913	0	0		5.00
6.00	OPERATION OF PLANT	7.00	8,518	0	0		6.00
7.00	HOUSEKEEPING	9.00	33,236	0	0		7.00
8.00	DIETARY	10.00	17,015	0	0		8.00
9.00	NURSING ADMINISTRATION	13.00	14,954	0	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	5,187	0	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	184	0	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	148,695	0	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	8,138	0	0		13.00
14.00	NEONATAL ICU	31.01	14,290	0	0		14.00
15.00	SUBPROVIDER - IRF	41.00	9,953	0	0		15.00
16.00	OPERATING ROOM	50.00	4,928	0	0		16.00
17.00	RECOVERY ROOM	51.00	538	0	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	6,505	0	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	6,078	0	0		19.00
20.00	RADIOLOGY - ULTRASOUND	54.01	2,967	0	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	4,637	0	0		21.00
22.00	RADIOISOTOPE	56.00	345	0	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	873	0	0		23.00
24.00	LABORATORY	60.00	2,884	0	0		24.00
25.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	19,227	0	0		25.00
26.00	RESPIRATORY THERAPY	65.00	5,762	0	0		26.00
27.00	PHYSICAL THERAPY	66.00	1,293	0	0		27.00
28.00	CLINIC	90.00	5,045	0	0		28.00
29.00	EMERGENCY	91.00	6,692	0	0		29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	5,930	0	0		30.00
	0		386,884	0			
500.00	Grand Total: Decreases		2,131,058	51,892,994			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part I Date/Time Prepared: 5/26/2017 1:14 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,745,499	700,000	0	700,000	0	1.00
2.00	Land Improvements	6,370,152	89,527	0	89,527	0	2.00
3.00	Buildings and Fixtures	253,262,319	11,933,286	0	11,933,286	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	176,332,654	22,914,219	0	22,914,219	1,540,279	6.00
7.00	HIT designated Assets	3,857,110	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	443,567,734	35,637,032	0	35,637,032	1,540,279	8.00
9.00	Reconciling Items	20,950	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	443,546,784	35,637,032	0	35,637,032	1,540,279	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	4,445,499	0	1.00
2.00	Land Improvements	6,459,679	0	2.00
3.00	Buildings and Fixtures	265,195,605	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	197,706,594	0	6.00
7.00	HIT designated Assets	3,857,110	0	7.00
8.00	Subtotal (sum of lines 1-7)	477,664,487	0	8.00
9.00	Reconciling Items	20,950	0	9.00
10.00	Total (line 8 minus line 9)	477,643,537	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part II | Date/Time Prepared: 5/26/2017 1:14 pm

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

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	0		1.00
3.00	Total (sum of lines 1-2)	0	0		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part III Date/Time Prepared: 5/26/2017 1:14 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	477,643,537	0	477,643,537	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	477,643,537	0	477,643,537	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	5,504,577	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	5,504,577	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,267,810	0	0	0	6,772,387	1.00
3.00	Total (sum of lines 1-2)	1,267,810	0	0	0	6,772,387	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/26/2017 1:14 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,264,882	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,131,796			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-984,635	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	-10,421	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	-28,888	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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	-260,509	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/26/2017 1:14 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	BENEFITS	B	-2,760	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	DATA PROCESSING OTHER INCOME	B	-230,000	DATA PROCESSING	5.01	0	33.01
33.02	CASH, A/R, COLLECTIONS OTHER INCOME	B	-17,188	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	33.02
34.00	A&G OTHER INCOME	B	-364,535	OTHER A&G	5.05	0	34.00
35.00	ENVIRONMENTAL SERVICES OTHER INCOME	B	-3,310	HOUSEKEEPING	9.00	0	35.00
36.00	NURSING ADMIN OTHER INCOME	B	-6,724	NURSING ADMINISTRATION	13.00	0	36.00
37.00	RX PROGRAM	A	-367,899	PHARMACY	15.00	0	37.00
38.00	PARAMED ED PROGRAM OTHER INCOME	B	-388,460	PARAMED ED PROGRAM	23.00	0	38.00
39.00	ADULTS & PEDS OTHER INCOME	B	-86,425	ADULTS & PEDIATRICS	30.00	0	39.00
40.00	RADIOLOGY	B	-1,192	RADIOLOGY-DIAGNOSTIC	54.00	0	40.00
41.00	LAB OTHER INCOME	B	-97,802	LABORATORY	60.00	0	41.00
42.00	BLOOD OTHER INCOME	B	-65,340	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	42.00
43.00	CARDIAC REHAB OTHER INCOME	B	-178,092	CARDIAC REHAB	69.01	0	43.00
44.00	ELECTROCEPHALOGRAPHY OTHER INCOME	B	-2,206	ELECTROENCEPHALOGRAPHY	70.00	0	44.00
45.00	CLINIC OTHER INCOME	B	-1,991	CLINIC	90.00	0	45.00
46.00	LOBBYING EXPENSE	A	-67,210	OTHER A&G	5.05	0	46.00
46.01	DUES/LOBBYING	A	-24,892	OTHER A&G	5.05	0	46.01
46.02	PENSION ADJUSTMENT	A	861,446	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,725,711				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/26/2017 1:14 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	185,000	185,000	0	237,100	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	18,900	4,050	14,850	211,500	110	2.00
3.00	31.01	NEONATAL ICU	348,950	348,950	0	169,700	0	3.00
4.00	31.01	NEONATAL ICU	253,050	253,050	0	169,700	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	48	48	0	197,500	0	5.00
6.00	57.00	CT SCAN	231	231	0	179,000	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	90,863	67,078	23,785	271,900	95	7.00
8.00	90.00	CLINIC	-9,150	-9,150	0	197,500	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	323,978	259,178	64,800	271,900	432	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,211,870	1,108,435	103,435		637	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	11,185	559	0	0	0	2.00
3.00	31.01	NEONATAL ICU	0	0	0	0	0	3.00
4.00	31.01	NEONATAL ICU	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	57.00	CT SCAN	0	0	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	12,418	621	0	0	0	7.00
8.00	90.00	CLINIC	0	0	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	56,471	2,824	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			80,074	4,004	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	30.00	ADULTS & PEDIATRICS	0	0	0	185,000		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	11,185	3,665	7,715		2.00
3.00	31.01	NEONATAL ICU	0	0	0	348,950		3.00
4.00	31.01	NEONATAL ICU	0	0	0	253,050		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	48		5.00
6.00	57.00	CT SCAN	0	0	0	231		6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	12,418	11,367	78,445		7.00
8.00	90.00	CLINIC	0	0	0	-9,150		8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	56,471	8,329	267,507		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	80,074	23,361	1,131,796		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
			0	1.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,772,387	6,772,387				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	33,855,076	28,364	33,883,440			4.00
5.01	00550	DATA PROCESSING	13,809,394	44,136	1,002,542	14,856,072		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	3,603,842	35,213	226,051	0	3,865,106	5.02
5.03	00570	ADMITTING	2,475,590	46,667	466,326	0	4,916	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,753,656	147,182	486,626	0	2,237	5.04
5.05	00590	OTHER A&G	20,842,265	478,244	2,444,222	14,856,072	6,340	5.05
5.06	00592	PATIENT TRANSPORTATION	626,414	0	130,101	0	147	5.06
7.00	00700	OPERATION OF PLANT	16,132,730	1,437,575	833,031	0	35,996	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,435,714	85,607	0	0	20	8.00
9.00	00900	HOUSEKEEPING	6,006,848	99,103	1,092,367	0	40,456	9.00
10.00	01000	DIETARY	4,460,811	90,520	495,813	0	42,823	10.00
11.00	01100	CAFETERIA	1,658,086	63,285	292,556	0	109	11.00
13.00	01300	NURSING ADMINISTRATION	3,420,385	30,497	624,023	0	3,243	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,263,775	172,142	128,936	0	55,375	14.00
15.00	01500	PHARMACY	5,090,398	91,044	0	0	11,123	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,136,053	54,304	472,480	0	906	16.00
17.00	01700	SOCIAL SERVICE	492,378	7,824	114,211	0	0	17.00
17.01	01701	STAFF EDUCATION	0	53,535	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	104,065	1,796	17,528	0	25	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	197,546	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	30,176	21,453	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	323,407	16,156	141,973	0	498	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	36,884,541	1,504,277	7,103,819	0	202,836	30.00
31.00	03100	INTENSIVE CARE UNIT	7,899,702	95,400	1,477,958	0	65,182	31.00
31.01	03101	NEONATAL ICU	2,427,146	10,844	518,260	0	957	31.01
40.00	04000	SUBPROVIDER - IPF	1,148,835	19,076	244,552	0	128	40.00
41.00	04100	SUBPROVIDER - IRF	3,532,243	150,049	716,485	0	11,566	41.00
43.00	04300	NURSERY	968,452	117,300	165,235	0	12,492	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,712,709	286,464	967,350	0	124,397	50.00
50.01	05001	ENDOSCOPY	3,069,264	0	276,080	0	61,224	50.01
51.00	05100	RECOVERY ROOM	1,181,990	69,859	245,872	0	3,473	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,936,051	33,633	562,959	0	9,948	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,539,023	254,824	559,845	0	13,397	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	1,973,792	24,273	321,945	0	14,132	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,510,498	64,764	112,843	0	2,089	55.00
56.00	05600	RADIOISOTOPE	1,531,980	43,430	130,894	0	77,122	56.00
57.00	05700	CT SCAN	2,273,904	41,125	247,768	0	28,228	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	863,723	20,195	107,517	0	8,073	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,910,410	40,309	464,115	0	38,241	59.00
60.00	06000	LABORATORY	10,176,263	112,949	822,110	0	256,569	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,449,043	1,849	265,247	0	24,301	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,305,538	37,297	554,259	0	51,788	65.00
66.00	06600	PHYSICAL THERAPY	1,611,907	58,929	344,709	0	1,278	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,279,213	50,644	265,869	0	1,282	67.00
68.00	06800	SPEECH PATHOLOGY	451,689	8,626	93,462	0	720	68.00
69.00	06900	ELECTROCARDIOLOGY	871,952	0	145,144	0	1,660	69.00
69.01	06901	CARDIAC REHAB	491,868	0	91,378	0	246	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,811,935	0	222,291	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,096,772	0	0	0	1,096,367	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,957,025	0	0	0	1,264,983	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,897,093	7,982	99,168	0	68,862	73.00
74.00	07400	RENAL DIALYSIS	1,952,610	21,050	0	0	1,205	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,572,370	365,871	591,025	0	9,269	90.00
91.00	09100	EMERGENCY	9,332,494	129,974	1,570,903	0	147,603	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,151,737	0	427,611	0	6,820	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	295,264,768	6,575,640	28,685,459	14,856,072	3,810,652	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
			0	1.00	4.00	5.01	5.02	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	236,028	8,650	13,272	0	14,995	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	37,209,483	128,284	4,405,834	0	39,123	192.00
192.01	19201	OTHER NON-REIMBURSABLE	4,882,962	16,603	741,531	0	336	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	216,646	43,210	37,344	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	337,809,887	6,772,387	33,883,440	14,856,072	3,865,106	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER A&G	PATIENT TRANSPORTATION	
			5.03	5.04	5A.04	5.05	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING	2,993,499					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	5,389,701				5.04
5.05	00590	OTHER A&G	0	0	38,627,143	38,627,143		5.05
5.06	00592	PATIENT TRANSPORTATION	0	0	756,662	97,692	854,354	5.06
7.00	00700	OPERATION OF PLANT	0	0	18,439,332	2,380,684	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,521,341	196,419	0	8.00
9.00	00900	HOUSEKEEPING	0	0	7,238,774	934,591	0	9.00
10.00	01000	DIETARY	0	0	5,089,967	657,161	0	10.00
11.00	01100	CAFETERIA	0	0	2,014,036	260,030	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,078,148	526,526	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,620,228	338,295	0	14.00
15.00	01500	PHARMACY	0	0	5,192,565	670,407	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,663,743	473,022	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	614,413	79,326	0	17.00
17.01	01701	STAFF EDUCATION	0	0	53,535	6,912	0	17.01
17.02	01702	MEDICAL EDUCATION	0	0	123,414	15,934	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	197,546	25,505	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	51,629	6,666	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	482,034	62,235	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	249,775	449,674	46,394,922	5,989,961	359,095	30.00
31.00	03100	INTENSIVE CARE UNIT	41,135	74,056	9,653,433	1,246,345	6,154	31.00
31.01	03101	NEONATAL ICU	16,956	30,525	3,004,688	387,932	0	31.01
40.00	04000	SUBPROVIDER - IPF	10,543	18,981	1,442,115	186,190	826	40.00
41.00	04100	SUBPROVIDER - IRF	20,449	36,814	4,467,606	576,808	10,834	41.00
43.00	04300	NURSERY	4,641	8,355	1,276,475	164,804	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	396,297	713,925	11,201,142	1,446,168	0	50.00
50.01	05001	ENDOSCOPY	47,780	86,019	3,540,367	457,093	22,641	50.01
51.00	05100	RECOVERY ROOM	26,544	47,787	1,575,525	203,414	49	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,571	22,631	3,577,793	461,925	5,927	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	90,122	162,248	5,619,459	725,523	87,081	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	40,782	73,421	2,448,345	316,103	91,777	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	46,347	83,440	1,819,981	234,976	4,729	55.00
56.00	05600	RADIOISOTOPE	34,048	61,298	1,878,772	242,566	46,253	56.00
57.00	05700	CT SCAN	272,016	489,714	3,352,755	432,871	129,641	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	70,223	126,423	1,196,154	154,434	43,338	58.00
59.00	05900	CARDIAC CATHETERIZATION	171,130	308,087	4,932,292	636,803	29,345	59.00
60.00	06000	LABORATORY	343,852	619,042	12,330,785	1,592,015	32	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	20,037	36,073	1,796,550	231,951	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	99,167	178,531	4,226,580	545,690	1,263	65.00
66.00	06600	PHYSICAL THERAPY	19,488	35,084	2,071,395	267,436	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,955	26,923	1,638,886	211,595	16	67.00
68.00	06800	SPEECH PATHOLOGY	5,086	9,156	568,739	73,429	0	68.00
69.00	06900	ELECTROCARDIOLOGY	50,659	91,202	1,160,617	149,846	4,049	69.00
69.01	06901	CARDIAC REHAB	2,137	3,847	589,476	76,107	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	97,817	176,102	3,308,145	427,111	9,247	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	126,917	228,490	13,548,546	1,749,239	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	85,937	154,714	15,462,659	1,996,368	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	324,691	584,545	12,982,341	1,676,137	0	73.00
74.00	07400	RENAL DIALYSIS	17,613	31,709	2,024,187	261,341	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	58,675	105,634	5,702,844	736,288	437	90.00
91.00	09100	EMERGENCY	167,255	301,111	11,649,340	1,504,035	1,620	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	7,854	14,140	2,608,162	336,737	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,993,499	5,389,701	289,815,586	32,430,646	854,354	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	272,945	35,240	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	41,782,724	5,394,526	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER A&G	PATIENT TRANSPORTATION	
			5.03	5.04	5A.04	5.05	5.06	
192.01	19201	OTHER NON-REIMBURSABLE	0	0	5,641,432	728,360	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	297,200	38,371	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,993,499	5,389,701	337,809,887	38,627,143	854,354	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						5.06
7.00	00700	OPERATION OF PLANT	20,820,016					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	391,294	2,109,054				8.00
9.00	00900	HOUSEKEEPING	452,979	0	8,626,344			9.00
10.00	01000	DIETARY	413,751	0	178,675	6,339,554		10.00
11.00	01100	CAFETERIA	289,261	0	124,915	0	2,688,242	11.00
13.00	01300	NURSING ADMINISTRATION	139,395	0	60,197	0	61,214	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	786,825	23,392	339,783	0	30,068	14.00
15.00	01500	PHARMACY	416,144	13	179,708	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	248,211	0	107,188	0	83,730	16.00
17.00	01700	SOCIAL SERVICE	35,760	0	15,443	0	16,362	17.00
17.01	01701	STAFF EDUCATION	244,699	0	105,671	0	0	17.01
17.02	01702	MEDICAL EDUCATION	8,210	0	3,545	0	2,081	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	98,060	0	42,346	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	73,847	0	31,890	0	22,230	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,875,736	1,003,917	2,969,224	4,352,238	974,891	30.00
31.00	03100	INTENSIVE CARE UNIT	436,054	53,146	188,306	839,683	160,841	31.00
31.01	03101	NEONATAL ICU	49,568	46,912	21,405	0	51,854	31.01
40.00	04000	SUBPROVIDER - IPF	87,193	0	37,654	0	28,558	40.00
41.00	04100	SUBPROVIDER - IRF	685,846	0	296,176	580,578	97,032	41.00
43.00	04300	NURSERY	536,155	43,609	231,534	0	18,170	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,309,370	211,399	565,440	0	127,256	50.00
50.01	05001	ENDOSCOPY	0	25,745	0	103	34,053	50.01
51.00	05100	RECOVERY ROOM	319,314	55,337	137,893	0	25,271	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	153,730	47,277	66,387	241,443	65,294	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,164,751	70,293	502,987	0	79,239	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	110,945	11,927	47,911	0	31,445	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	296,023	3,187	127,835	0	12,026	55.00
56.00	05600	RADIOISOTOPE	198,512	25,789	85,726	0	12,539	56.00
57.00	05700	CT SCAN	187,975	16,201	81,175	0	29,156	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	92,308	6,477	39,862	0	11,447	58.00
59.00	05900	CARDIAC CATHETERIZATION	184,243	46,275	79,564	62,848	47,916	59.00
60.00	06000	LABORATORY	516,267	0	222,945	0	111,680	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,452	0	3,650	0	60,563	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	170,479	3,113	73,620	0	73,163	65.00
66.00	06600	PHYSICAL THERAPY	269,351	25,534	116,317	0	39,394	66.00
67.00	06700	OCCUPATIONAL THERAPY	231,484	0	99,964	0	28,675	67.00
68.00	06800	SPEECH PATHOLOGY	39,426	0	17,026	19,500	9,016	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,138	0	0	21,852	69.00
69.01	06901	CARDIAC REHAB	0	3,671	0	0	11,720	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	584	25,650	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,484	0	15,755	0	9,924	73.00
74.00	07400	RENAL DIALYSIS	96,216	97,407	41,550	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,672,325	39,667	722,178	0	68,883	90.00
91.00	09100	EMERGENCY	594,087	225,885	256,551	242,577	200,945	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,920,730	2,098,311	8,237,996	6,339,554	2,684,138	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,536	0	17,073	0	4,104	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	586,360	10,743	253,214	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	75,888	0	32,772	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	197,502	0	85,289	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	20,820,016	2,109,054	8,626,344	6,339,554	2,688,242	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						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	4,865,480					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,138,591				14.00
15.00	01500	PHARMACY	0	0	6,458,837			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,575,894		16.00
17.00	01700	SOCIAL SERVICE	43,676	0	0	0	804,980	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	0	0	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	59,338	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,602,270	0	0	381,767	621,070	30.00
31.00	03100	INTENSIVE CARE UNIT	429,332	0	0	62,873	0	31.00
31.01	03101	NEONATAL ICU	138,413	0	0	25,916	0	31.01
40.00	04000	SUBPROVIDER - IPF	76,231	0	0	16,115	0	40.00
41.00	04100	SUBPROVIDER - IRF	259,009	0	0	31,254	137,681	41.00
43.00	04300	NURSERY	48,500	0	0	7,093	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	339,684	0	0	606,223	0	50.00
50.01	05001	ENDOSCOPY	90,899	0	0	73,029	0	50.01
51.00	05100	RECOVERY ROOM	67,456	0	0	40,571	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	174,290	0	0	19,213	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	137,746	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0	62,334	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	70,839	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	52,041	0	56.00
57.00	05700	CT SCAN	0	0	0	415,760	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	107,332	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	261,562	0	59.00
60.00	06000	LABORATORY	0	0	789,531	525,558	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	30,626	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	151,571	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	29,786	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	22,857	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,773	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	77,429	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	3,266	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	642,163	149,508	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,921,548	0	193,985	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,217,043	0	131,350	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,875,936	496,271	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	26,921	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	89,682	0	90.00
91.00	09100	EMERGENCY	536,382	0	0	255,639	46,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	6,327	12,004	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,865,480	4,138,591	6,313,957	4,575,894	804,980	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	144,880	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	4,865,480	4,138,591	6,458,837	4,575,894	804,980	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PROGRAM	
			17.01	17.02	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						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
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	STAFF EDUCATION	410,817					17.01
17.02	01702	MEDICAL EDUCATION	18	153,202				17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	223,051			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		198,701		22.00
23.00	02300	PARAMED ED PROGRAM	338	0			731,912	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	215,585	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	37,847	0	0	0	0	31.00
31.01	03101	NEONATAL ICU	8,693	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	4,845	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	20,805	0	0	0	0	41.00
43.00	04300	NURSERY	5,695	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,769	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	2,099	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	7,779	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,110	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,384	0	0	0	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	5,030	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,052	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,430	0	0	0	0	56.00
57.00	05700	CT SCAN	1,227	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	861	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,614	0	0	0	0	59.00
60.00	06000	LABORATORY	1,195	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	142	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,280	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	157	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	637	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	206	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,408	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	21	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,205	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,796	0	0	0	0	90.00
91.00	09100	EMERGENCY	37,157	153,202	223,051	198,701	731,912	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,514	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	404,927	153,202	223,051	198,701	731,912	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

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PROGRAM	
			17.01	17.02	21.00	22.00	23.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,890	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	410,817	153,202	223,051	198,701	731,912	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER A&G					5.05
5.06	00592	PATIENT TRANSPORTATION					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
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
17.01	01701	STAFF EDUCATION					17.01
17.02	01702	MEDICAL EDUCATION					17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PROGRAM					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	72,740,676	0	72,740,676		30.00
31.00	03100	INTENSIVE CARE UNIT	13,114,014	0	13,114,014		31.00
31.01	03101	NEONATAL ICU	3,735,381	0	3,735,381		31.01
40.00	04000	SUBPROVIDER - IPF	1,879,727	0	1,879,727		40.00
41.00	04100	SUBPROVIDER - IRF	7,163,629	0	7,163,629		41.00
43.00	04300	NURSERY	2,332,035	0	2,332,035		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	15,821,451	0	15,821,451		50.00
50.01	05001	ENDOSCOPY	4,246,029	0	4,246,029		50.01
51.00	05100	RECOVERY ROOM	2,432,609	0	2,432,609		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,822,389	0	4,822,389		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,395,463	0	8,395,463		54.00
54.01	05401	RADIOLOGY - ULTRASOUND	3,125,817	0	3,125,817		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,572,648	0	2,572,648		55.00
56.00	05600	RADIOISOTOPE	2,543,628	0	2,543,628		56.00
57.00	05700	CT SCAN	4,646,761	0	4,646,761		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,652,213	0	1,652,213		58.00
59.00	05900	CARDIAC CATHETERIZATION	6,284,462	0	6,284,462		59.00
60.00	06000	LABORATORY	16,090,008	0	16,090,008		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,131,934	0	2,131,934		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	5,248,759	0	5,248,759		65.00
66.00	06600	PHYSICAL THERAPY	2,819,370	0	2,819,370		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,234,114	0	2,234,114		67.00
68.00	06800	SPEECH PATHOLOGY	735,115	0	735,115		68.00
69.00	06900	ELECTROCARDIOLOGY	1,428,339	0	1,428,339		69.00
69.01	06901	CARDIAC REHAB	684,261	0	684,261		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,564,613	0	4,564,613		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,413,318	0	17,413,318		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,807,420	0	19,807,420		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,092,876	0	20,092,876		73.00
74.00	07400	RENAL DIALYSIS	2,547,622	0	2,547,622		74.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	9,034,100	0	9,034,100		90.00
91.00	09100	EMERGENCY	16,857,313	-421,752	16,435,561		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
		OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	2,967,744	0	2,967,744		101.00
		SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	282,165,838	-421,752	281,744,086		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	368,898	0	368,898		190.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	48,178,337	0	48,178,337		192.00
192.01	19201	OTHER NON-REIMBURSABLE	6,478,452	0	6,478,452		192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	618,362	0	618,362		192.02
193.00	19300	NONPAID WORKERS	0	0	0		193.00
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	337,809,887	-421,752	337,388,135		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
			0	1.00	2A	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	28,364	28,364	28,364		4.00
5.01	00550	DATA PROCESSING	0	44,136	44,136	838	44,974	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	35,213	35,213	189	0	5.02
5.03	00570	ADMITTING	0	46,667	46,667	390	0	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	147,182	147,182	407	0	5.04
5.05	00590	OTHER A&G	0	478,244	478,244	2,044	44,974	5.05
5.06	00592	PATIENT TRANSPORTATION	0	0	0	109	0	5.06
7.00	00700	OPERATION OF PLANT	0	1,437,575	1,437,575	697	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	85,607	85,607	0	0	8.00
9.00	00900	HOUSEKEEPING	0	99,103	99,103	914	0	9.00
10.00	01000	DIETARY	0	90,520	90,520	415	0	10.00
11.00	01100	CAFETERIA	0	63,285	63,285	245	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	30,497	30,497	522	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	172,142	172,142	108	0	14.00
15.00	01500	PHARMACY	0	91,044	91,044	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	54,304	54,304	395	0	16.00
17.00	01700	SOCIAL SERVICE	0	7,824	7,824	96	0	17.00
17.01	01701	STAFF EDUCATION	0	53,535	53,535	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	1,796	1,796	15	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	21,453	21,453	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	16,156	16,156	119	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,504,277	1,504,277	5,967	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	95,400	95,400	1,236	0	31.00
31.01	03101	NEONATAL ICU	0	10,844	10,844	433	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	19,076	19,076	205	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	150,049	150,049	599	0	41.00
43.00	04300	NURSERY	0	117,300	117,300	138	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	286,464	286,464	809	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	231	0	50.01
51.00	05100	RECOVERY ROOM	0	69,859	69,859	206	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	33,633	33,633	471	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	254,824	254,824	468	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	24,273	24,273	269	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	64,764	64,764	94	0	55.00
56.00	05600	RADIOISOTOPE	0	43,430	43,430	109	0	56.00
57.00	05700	CT SCAN	0	41,125	41,125	207	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	20,195	20,195	90	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	40,309	40,309	388	0	59.00
60.00	06000	LABORATORY	0	112,949	112,949	688	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,849	1,849	222	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	37,297	37,297	464	0	65.00
66.00	06600	PHYSICAL THERAPY	0	58,929	58,929	288	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	50,644	50,644	222	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,626	8,626	78	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	121	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	76	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	186	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,982	7,982	83	0	73.00
74.00	07400	RENAL DIALYSIS	0	21,050	21,050	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	365,871	365,871	494	0	90.00
91.00	09100	EMERGENCY	0	129,974	129,974	1,314	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	358	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	6,575,640	6,575,640	24,017	44,974	118.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
			0	1.00	2A	4.00	5.01	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,650	8,650	11	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	128,284	128,284	3,685	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	16,603	16,603	620	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	43,210	43,210	31	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	6,772,387	6,772,387	28,364	44,974	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER A&G	PATIENT TRANSPORTATION	
			5.02	5.03	5.04	5.05	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	35,402					5.02
5.03	00570	ADMITTING	45	47,102				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	20	0	147,609			5.04
5.05	00590	OTHER A&G	58	0	0	525,320		5.05
5.06	00592	PATIENT TRANSPORTATION	1	0	0	1,329	1,439	5.06
7.00	00700	OPERATION OF PLANT	330	0	0	32,379	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,671	0	8.00
9.00	00900	HOUSEKEEPING	370	0	0	12,711	0	9.00
10.00	01000	DIETARY	392	0	0	8,938	0	10.00
11.00	01100	CAFETERIA	1	0	0	3,537	0	11.00
13.00	01300	NURSING ADMINISTRATION	30	0	0	7,161	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	507	0	0	4,601	0	14.00
15.00	01500	PHARMACY	102	0	0	9,118	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8	0	0	6,434	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,079	0	17.00
17.01	01701	STAFF EDUCATION	0	0	0	94	0	17.01
17.02	01702	MEDICAL EDUCATION	0	0	0	217	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	347	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	91	0	22.00
23.00	02300	PARAMED ED PROGRAM	5	0	0	846	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,858	3,920	12,347	81,429	605	30.00
31.00	03100	INTENSIVE CARE UNIT	597	646	2,033	16,951	10	31.00
31.01	03101	NEONATAL ICU	9	266	838	5,276	0	31.01
40.00	04000	SUBPROVIDER - IPF	1	165	521	2,532	1	40.00
41.00	04100	SUBPROVIDER - IRF	106	321	1,011	7,845	18	41.00
43.00	04300	NURSERY	114	73	229	2,241	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,139	6,344	19,228	19,669	0	50.00
50.01	05001	ENDOSCOPY	561	750	2,362	6,217	38	50.01
51.00	05100	RECOVERY ROOM	32	417	1,312	2,767	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	91	197	621	6,283	10	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	123	1,414	4,455	9,868	147	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	129	640	2,016	4,299	155	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19	727	2,291	3,196	8	55.00
56.00	05600	RADIOISOTOPE	706	534	1,683	3,299	78	56.00
57.00	05700	CT SCAN	259	4,269	13,446	5,887	218	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	74	1,102	3,471	2,100	73	58.00
59.00	05900	CARDIAC CATHETERIZATION	350	2,685	8,459	8,661	49	59.00
60.00	06000	LABORATORY	2,350	5,396	16,997	21,653	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	223	314	990	3,155	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	474	1,556	4,902	7,422	2	65.00
66.00	06600	PHYSICAL THERAPY	12	306	963	3,637	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12	235	739	2,878	0	67.00
68.00	06800	SPEECH PATHOLOGY	7	80	251	999	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15	795	2,504	2,038	7	69.00
69.01	06901	CARDIAC REHAB	2	34	106	1,035	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,535	4,835	5,809	16	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,040	1,992	6,274	23,791	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,591	1,349	4,248	27,152	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	631	5,095	16,050	22,797	0	73.00
74.00	07400	RENAL DIALYSIS	11	276	871	3,554	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	85	921	2,900	10,014	1	90.00
91.00	09100	EMERGENCY	1,352	2,625	8,268	20,456	3	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	62	123	388	4,580	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,904	47,102	147,609	441,043	1,439	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	137	0	0	479	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	358	0	0	73,370	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER A&G	PATIENT TRANSPORTATION	
			5.02	5.03	5.04	5.05	5.06	
192.01	19201	OTHER NON-REIMBURSABLE	3	0	0	9,906	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	522	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	35,402	47,102	147,609	525,320	1,439	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						5.06
7.00	00700	OPERATION OF PLANT	1,470,981					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	27,646	115,924				8.00
9.00	00900	HOUSEKEEPING	32,004	0	145,102			9.00
10.00	01000	DIETARY	29,232	0	3,005	132,502		10.00
11.00	01100	CAFETERIA	20,437	0	2,101	0	89,606	11.00
13.00	01300	NURSING ADMINISTRATION	9,849	0	1,013	0	2,040	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	55,591	1,286	5,715	0	1,002	14.00
15.00	01500	PHARMACY	29,402	1	3,023	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,537	0	1,803	0	2,791	16.00
17.00	01700	SOCIAL SERVICE	2,527	0	260	0	545	17.00
17.01	01701	STAFF EDUCATION	17,289	0	1,777	0	0	17.01
17.02	01702	MEDICAL EDUCATION	580	0	60	0	69	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,928	0	712	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	5,217	0	536	0	741	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	485,783	55,176	49,948	90,965	32,496	30.00
31.00	03100	INTENSIVE CARE UNIT	30,808	2,921	3,167	17,550	5,361	31.00
31.01	03101	NEONATAL ICU	3,502	2,579	360	0	1,728	31.01
40.00	04000	SUBPROVIDER - IPF	6,160	0	633	0	952	40.00
41.00	04100	SUBPROVIDER - IRF	48,457	0	4,982	12,135	3,234	41.00
43.00	04300	NURSERY	37,881	2,397	3,895	0	606	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	92,510	11,620	9,511	0	4,242	50.00
50.01	05001	ENDOSCOPY	0	1,415	0	2	1,135	50.01
51.00	05100	RECOVERY ROOM	22,560	3,042	2,319	0	842	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,861	2,599	1,117	5,046	2,176	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,292	3,864	8,461	0	2,641	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	7,839	656	806	0	1,048	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	20,915	175	2,150	0	401	55.00
56.00	05600	RADIOISOTOPE	14,025	1,418	1,442	0	418	56.00
57.00	05700	CT SCAN	13,281	890	1,365	0	972	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,522	356	671	0	382	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,017	2,544	1,338	1,314	1,597	59.00
60.00	06000	LABORATORY	36,475	0	3,750	0	3,723	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	597	0	61	0	2,019	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,045	171	1,238	0	2,439	65.00
66.00	06600	PHYSICAL THERAPY	19,030	1,404	1,957	0	1,313	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,355	0	1,681	0	956	67.00
68.00	06800	SPEECH PATHOLOGY	2,786	0	286	408	301	68.00
69.00	06900	ELECTROCARDIOLOGY	0	667	0	0	728	69.00
69.01	06901	CARDIAC REHAB	0	202	0	0	391	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	12	855	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,578	0	265	0	331	73.00
74.00	07400	RENAL DIALYSIS	6,798	5,354	699	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	118,154	2,180	12,148	0	2,296	90.00
91.00	09100	EMERGENCY	41,974	12,416	4,315	5,070	6,698	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,407,444	115,333	138,570	132,502	89,469	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,793	0	287	0	137	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	41,428	591	4,259	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	5,362	0	551	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	13,954	0	1,435	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,470,981	115,924	145,102	132,502	89,606	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						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	51,112					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	240,952				14.00
15.00	01500	PHARMACY	0	0	132,690			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	83,272		16.00
17.00	01700	SOCIAL SERVICE	459	0	0	0	12,790	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	0	0	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	623	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,337	0	0	6,957	9,867	30.00
31.00	03100	INTENSIVE CARE UNIT	4,510	0	0	1,146	0	31.00
31.01	03101	NEONATAL ICU	1,454	0	0	472	0	31.01
40.00	04000	SUBPROVIDER - IPF	801	0	0	294	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,721	0	0	570	2,188	41.00
43.00	04300	NURSERY	509	0	0	129	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,568	0	0	10,927	0	50.00
50.01	05001	ENDOSCOPY	955	0	0	1,331	0	50.01
51.00	05100	RECOVERY ROOM	709	0	0	739	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,831	0	0	350	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,510	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0	1,136	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,291	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	948	0	56.00
57.00	05700	CT SCAN	0	0	0	7,577	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,956	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,767	0	59.00
60.00	06000	LABORATORY	0	0	16,221	9,578	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	558	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,762	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	543	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	417	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	142	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,411	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	60	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	13,193	2,725	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	111,871	0	3,535	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	129,081	0	2,394	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100,169	9,044	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	491	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	1,634	0	90.00
91.00	09100	EMERGENCY	5,635	0	0	4,659	735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	130	219	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	51,112	240,952	129,713	83,272	12,790	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	2,977	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	51,112	240,952	132,690	83,272	12,790	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PROGRAM	
			17.01	17.02	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						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
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	STAFF EDUCATION	72,695					17.01
17.02	01702	MEDICAL EDUCATION	3	2,740				17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	347			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		29,184		22.00
23.00	02300	PARAMED ED PROGRAM	60	0			24,303	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,150	0				30.00
31.00	03100	INTENSIVE CARE UNIT	6,697	0				31.00
31.01	03101	NEONATAL ICU	1,538	0				31.01
40.00	04000	SUBPROVIDER - IPF	857	0				40.00
41.00	04100	SUBPROVIDER - IRF	3,681	0				41.00
43.00	04300	NURSERY	1,008	0				43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,613	0				50.00
50.01	05001	ENDOSCOPY	371	0				50.01
51.00	05100	RECOVERY ROOM	1,377	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,612	0				52.00
53.00	05300	ANESTHESIOLOGY	0	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,484	0				54.00
54.01	05401	RADIOLOGY - ULTRASOUND	890	0				54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	540	0				55.00
56.00	05600	RADIOISOTOPE	253	0				56.00
57.00	05700	CT SCAN	217	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	152	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	639	0				59.00
60.00	06000	LABORATORY	211	0				60.00
60.01	06001	BLOOD LABORATORY	0	0				60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	25	0				62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
64.00	06400	INTRAVENOUS THERAPY	0	0				64.00
65.00	06500	RESPIRATORY THERAPY	580	0				65.00
66.00	06600	PHYSICAL THERAPY	28	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	113	0				67.00
68.00	06800	SPEECH PATHOLOGY	37	0				68.00
69.00	06900	ELECTROCARDIOLOGY	426	0				69.00
69.01	06901	CARDIAC REHAB	4	0				69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	390	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5	0				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	318	0				90.00
91.00	09100	EMERGENCY	6,575	2,740				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	799	0				101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	71,653	2,740	0	0	0	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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PROGRAM	
			17.01	17.02	21.00	22.00	23.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,042	0				192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0				192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0				192.02
193.00	19300	NONPAID WORKERS	0	0				193.00
200.00		Cross Foot Adjustments			347	29,184	24,303	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	72,695	2,740	347	29,184	24,303	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER A&G					5.05
5.06	00592	PATIENT TRANSPORTATION					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
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
17.01	01701	STAFF EDUCATION					17.01
17.02	01702	MEDICAL EDUCATION					17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PROGRAM					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,407,082	0	2,407,082		30.00
31.00	03100	INTENSIVE CARE UNIT	189,033	0	189,033		31.00
31.01	03101	NEONATAL ICU	29,299	0	29,299		31.01
40.00	04000	SUBPROVIDER - IPF	32,198	0	32,198		40.00
41.00	04100	SUBPROVIDER - IRF	237,917	0	237,917		41.00
43.00	04300	NURSERY	166,520	0	166,520		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	468,644	0	468,644		50.00
50.01	05001	ENDOSCOPY	15,368	0	15,368		50.01
51.00	05100	RECOVERY ROOM	106,181	0	106,181		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,898	0	66,898		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	372,551	0	372,551		54.00
54.01	05401	RADIOLOGY - ULTRASOUND	44,156	0	44,156		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	96,571	0	96,571		55.00
56.00	05600	RADIOISOTOPE	68,343	0	68,343		56.00
57.00	05700	CT SCAN	89,713	0	89,713		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,144	0	37,144		58.00
59.00	05900	CARDIAC CATHETERIZATION	86,117	0	86,117		59.00
60.00	06000	LABORATORY	229,991	0	229,991		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,013	0	10,013		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	71,352	0	71,352		65.00
66.00	06600	PHYSICAL THERAPY	88,410	0	88,410		66.00
67.00	06700	OCCUPATIONAL THERAPY	74,252	0	74,252		67.00
68.00	06800	SPEECH PATHOLOGY	14,001	0	14,001		68.00
69.00	06900	ELECTROCARDIOLOGY	8,712	0	8,712		69.00
69.01	06901	CARDIAC REHAB	1,910	0	1,910		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	29,556	0	29,556		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	157,503	0	157,503		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	175,815	0	175,815		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	165,030	0	165,030		73.00
74.00	07400	RENAL DIALYSIS	39,104	0	39,104		74.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	517,016	0	517,016		90.00
91.00	09100	EMERGENCY	254,809	0	254,809		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
		OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	6,659	0	6,659		101.00
		SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,357,868	0	6,357,868		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,494	0	12,494		190.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	255,994	0	255,994		192.00
192.01	19201	OTHER NON-REIMBURSABLE	33,045	0	33,045		192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	59,152	0	59,152		192.02
193.00	19300	NONPAID WORKERS	0	0	0		193.00
200.00		Cross Foot Adjustments	53,834	0	53,834		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	6,772,387	0	6,772,387		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING RECEIVING AND STORES (PURCHASE REQUISITIONS)	ADMITTING (GROSS CHARGES)	
			1.00	4.00	5.01	5.02	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,410,133					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,906	146,075,630				4.00
5.01	00550	DATA PROCESSING	9,190	4,322,085	100			5.01
5.02	00560	PURCHASING RECEIVING AND STORES	7,332	974,535	0	42,645,505		5.02
5.03	00570	ADMITTING	9,717	2,010,389	0	54,243	1,174,544,724	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	30,646	2,097,905	0	24,679	0	5.04
5.05	00590	OTHER A&G	99,579	10,537,347	100	69,955	0	5.05
5.06	00592	PATIENT TRANSPORTATION	0	560,881	0	1,624	0	5.06
7.00	00700	OPERATION OF PLANT	299,329	3,591,301	0	397,162	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,825	0	0	223	0	8.00
9.00	00900	HOUSEKEEPING	20,635	4,709,333	0	446,372	0	9.00
10.00	01000	DIETARY	18,848	2,137,512	0	472,491	0	10.00
11.00	01100	CAFETERIA	13,177	1,261,246	0	1,205	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,350	2,690,242	0	35,787	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,843	555,860	0	610,977	0	14.00
15.00	01500	PHARMACY	18,957	0	0	122,721	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,307	2,036,922	0	9,991	0	16.00
17.00	01700	SOCIAL SERVICE	1,629	492,378	0	0	0	17.00
17.01	01701	STAFF EDUCATION	11,147	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	374	75,566	0	281	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,467	0	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	3,364	612,063	0	5,491	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	313,217	30,625,331	0	2,237,991	97,989,559	30.00
31.00	03100	INTENSIVE CARE UNIT	19,864	6,371,660	0	719,182	16,137,742	31.00
31.01	03101	NEONATAL ICU	2,258	2,234,285	0	10,558	6,651,844	31.01
40.00	04000	SUBPROVIDER - IPF	3,972	1,054,293	0	1,407	4,136,239	40.00
41.00	04100	SUBPROVIDER - IRF	31,243	3,088,857	0	127,615	8,022,185	41.00
43.00	04300	NURSERY	24,424	712,350	0	137,831	1,820,698	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	59,647	4,170,365	0	1,372,538	155,635,066	50.00
50.01	05001	ENDOSCOPY	0	1,190,215	0	675,519	18,744,590	50.01
51.00	05100	RECOVERY ROOM	14,546	1,059,985	0	38,319	10,413,420	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,003	2,426,987	0	109,756	4,931,560	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,059	2,413,564	0	147,816	35,355,787	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	5,054	1,387,947	0	155,926	15,999,392	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	13,485	486,481	0	23,051	18,182,554	55.00
56.00	05600	RADIOISOTOPE	9,043	564,299	0	850,921	13,357,538	56.00
57.00	05700	CT SCAN	8,563	1,068,157	0	311,452	106,714,673	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,205	463,519	0	89,072	27,549,154	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,393	2,000,859	0	421,937	67,136,072	59.00
60.00	06000	LABORATORY	23,518	3,544,218	0	2,830,853	134,896,832	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	385	1,143,511	0	268,128	7,860,813	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,766	2,389,479	0	571,408	38,904,211	65.00
66.00	06600	PHYSICAL THERAPY	12,270	1,486,085	0	14,106	7,645,259	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,545	1,146,195	0	14,146	5,866,867	67.00
68.00	06800	SPEECH PATHOLOGY	1,796	402,925	0	7,943	1,995,180	68.00
69.00	06900	ELECTROCARDIOLOGY	0	625,735	0	18,321	19,874,004	69.00
69.01	06901	CARDIAC REHAB	0	393,941	0	2,716	838,401	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	958,324	0	0	38,374,743	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,096,770	49,790,787	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,957,023	33,714,164	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,662	427,527	0	759,790	127,379,561	73.00
74.00	07400	RENAL DIALYSIS	4,383	0	0	13,296	6,909,817	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	76,181	2,547,983	0	102,265	23,018,952	90.00
91.00	09100	EMERGENCY	27,063	6,772,361	0	1,628,583	65,615,853	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	1,843,483	0	75,251	3,081,207	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,369,167	123,666,486	100	42,044,692	1,174,544,724	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING RECEIVING AND STORES (PURCHASE REQUISITIONS)	ADMITTING (GROSS CHARGES)	
			1.00	4.00	5.01	5.02	5.03	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,801	57,218	0	165,449	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,711	18,994,101	0	431,659	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	3,457	3,196,831	0	3,705	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	8,997	160,994	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	6,772,387	33,883,440	14,856,072	3,865,106	2,993,499	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.802658	0.231958	148,560.720000	0.090633	0.002549	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		28,364	44,974	35,402	47,102	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000194	449.740000	0.000830	0.000040	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5A.05	5.05	5.06	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,174,544,724					5.04
5.05	00590	OTHER A&G	0	-38,627,143	299,182,744			5.05
5.06	00592	PATIENT TRANSPORTATION	0	0	756,662	52,754		5.06
7.00	00700	OPERATION OF PLANT	0	0	18,439,332	0	948,434	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,521,341	0	17,825	8.00
9.00	00900	HOUSEKEEPING	0	0	7,238,774	0	20,635	9.00
10.00	01000	DIETARY	0	0	5,089,967	0	18,848	10.00
11.00	01100	CAFETERIA	0	0	2,014,036	0	13,177	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,078,148	0	6,350	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,620,228	0	35,843	14.00
15.00	01500	PHARMACY	0	0	5,192,565	0	18,957	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,663,743	0	11,307	16.00
17.00	01700	SOCIAL SERVICE	0	0	614,413	0	1,629	17.00
17.01	01701	STAFF EDUCATION	0	0	53,535	0	11,147	17.01
17.02	01702	MEDICAL EDUCATION	0	0	123,414	0	374	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	197,546	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	51,629	0	4,467	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	482,034	0	3,364	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	97,989,559	0	46,394,922	22,173	313,217	30.00
31.00	03100	INTENSIVE CARE UNIT	16,137,742	0	9,653,433	380	19,864	31.00
31.01	03101	NEONATAL ICU	6,651,844	0	3,004,688	0	2,258	31.01
40.00	04000	SUBPROVIDER - IPF	4,136,239	0	1,442,115	51	3,972	40.00
41.00	04100	SUBPROVIDER - IRF	8,022,185	0	4,467,606	669	31,243	41.00
43.00	04300	NURSERY	1,820,698	0	1,276,475	0	24,424	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	155,635,066	0	11,201,142	0	59,647	50.00
50.01	05001	ENDOSCOPY	18,744,590	0	3,540,367	1,398	0	50.01
51.00	05100	RECOVERY ROOM	10,413,420	0	1,575,525	3	14,546	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,931,560	0	3,577,793	366	7,003	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,355,787	0	5,619,459	5,377	53,059	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	15,999,392	0	2,448,345	5,667	5,054	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	18,182,554	0	1,819,981	292	13,485	55.00
56.00	05600	RADIOISOTOPE	13,357,538	0	1,878,772	2,856	9,043	56.00
57.00	05700	CT SCAN	106,714,673	0	3,352,755	8,005	8,563	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	27,549,154	0	1,196,154	2,676	4,205	58.00
59.00	05900	CARDIAC CATHETERIZATION	67,136,072	0	4,932,292	1,812	8,393	59.00
60.00	06000	LABORATORY	134,896,832	0	12,330,785	2	23,518	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,860,813	0	1,796,550	0	385	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	38,904,211	0	4,226,580	78	7,766	65.00
66.00	06600	PHYSICAL THERAPY	7,645,259	0	2,071,395	0	12,270	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,866,867	0	1,638,886	1	10,545	67.00
68.00	06800	SPEECH PATHOLOGY	1,995,180	0	568,739	0	1,796	68.00
69.00	06900	ELECTROCARDIOLOGY	19,874,004	0	1,160,617	250	0	69.00
69.01	06901	CARDIAC REHAB	838,401	0	589,476	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	38,374,743	0	3,308,145	571	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	49,790,787	0	13,548,546	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,714,164	0	15,462,659	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	127,379,561	0	12,982,341	0	1,662	73.00
74.00	07400	RENAL DIALYSIS	6,909,817	0	2,024,187	0	4,383	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	23,018,952	0	5,702,844	27	76,181	90.00
91.00	09100	EMERGENCY	65,615,853	0	11,649,340	100	27,063	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,081,207	0	2,608,162	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,174,544,724	-38,627,143	251,188,443	52,754	907,468	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	272,945	0	1,801	190.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5A.05	5.05	5.06	7.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	41,782,724	0	26,711	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	5,641,432	0	3,457	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	297,200	0	8,997	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	5,389,701		38,627,143	854,354	20,820,016	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004589		0.129109	16.195056	21.951992	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	147,609		525,320	1,439	1,470,981	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000126		0.001756	0.027278	1.550958	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
			8.00	9.00	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,448,825					8.00
9.00	00900	HOUSEKEEPING	0	909,974				9.00
10.00	01000	DIETARY	0	18,848	368,988			10.00
11.00	01100	CAFETERIA	0	13,177	0	2,729,730		11.00
13.00	01300	NURSING ADMINISTRATION	0	6,350	0	62,159	1,850,886	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	27,160	35,843	0	30,532	0	14.00
15.00	01500	PHARMACY	15	18,957	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,307	0	85,022	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,629	0	16,615	16,615	17.00
17.01	01701	STAFF EDUCATION	0	11,147	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	374	0	2,113	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,467	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	3,364	0	22,573	22,573	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,165,650	313,217	253,318	989,934	989,934	30.00
31.00	03100	INTENSIVE CARE UNIT	61,708	19,864	48,873	163,323	163,323	31.00
31.01	03101	NEONATAL ICU	54,470	2,258	0	52,654	52,654	31.01
40.00	04000	SUBPROVIDER - IPF	0	3,972	0	28,999	28,999	40.00
41.00	04100	SUBPROVIDER - IRF	0	31,243	33,792	98,530	98,530	41.00
43.00	04300	NURSERY	50,635	24,424	0	18,450	18,450	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	245,456	59,647	0	129,220	129,220	50.00
50.01	05001	ENDOSCOPY	29,892	0	6	34,579	34,579	50.01
51.00	05100	RECOVERY ROOM	64,252	14,546	0	25,661	25,661	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,893	7,003	14,053	66,302	66,302	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,617	53,059	0	80,462	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	13,848	5,054	0	31,930	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,700	13,485	0	12,212	0	55.00
56.00	05600	RADIOISOTOPE	29,944	9,043	0	12,733	0	56.00
57.00	05700	CT SCAN	18,811	8,563	0	29,606	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,520	4,205	0	11,624	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,730	8,393	3,658	48,656	0	59.00
60.00	06000	LABORATORY	0	23,518	0	113,404	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	385	0	61,498	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,615	7,766	0	74,292	0	65.00
66.00	06600	PHYSICAL THERAPY	29,648	12,270	0	40,002	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,545	0	29,118	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,796	1,135	9,155	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,093	0	0	22,189	0	69.00
69.01	06901	CARDIAC REHAB	4,262	0	0	11,901	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	34	26,046	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,662	0	10,077	0	73.00
74.00	07400	RENAL DIALYSIS	113,099	4,383	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	46,057	76,181	0	69,946	0	90.00
91.00	09100	EMERGENCY	262,276	27,063	14,119	204,046	204,046	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,436,351	869,008	368,988	2,725,563	1,850,886	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,801	0	4,167	0	190.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
			8.00	9.00	10.00	11.00	13.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,474	26,711	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	3,457	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	8,997	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	2,109,054	8,626,344	6,339,554	2,688,242	4,865,480	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.861251	9.479770	17.180922	0.984801	2.628730	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	115,924	145,102	132,502	89,606	51,112	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.047339	0.159457	0.359096	0.032826	0.027615	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	STAFF EDUCATION (TIME SPENT)	
			14.00	15.00	16.00	17.00	17.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						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
14.00	01400	CENTRAL SERVICES & SUPPLY	26,053,793					14.00
15.00	01500	PHARMACY	0	14,418,749				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,174,544,724			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	801		17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	115,495	17.01
17.02	01702	MEDICAL EDUCATION	0	0	0	0	5	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	95	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	97,989,559	618	60,609	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	16,137,742	0	10,640	31.00
31.01	03101	NEONATAL ICU	0	0	6,651,844	0	2,444	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	4,136,239	0	1,362	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	8,022,185	137	5,849	41.00
43.00	04300	NURSERY	0	0	1,820,698	0	1,601	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	155,635,066	0	4,152	50.00
50.01	05001	ENDOSCOPY	0	0	18,744,590	0	590	50.01
51.00	05100	RECOVERY ROOM	0	0	10,413,420	0	2,187	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,931,560	0	2,561	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	35,355,787	0	2,357	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	15,999,392	0	1,414	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	18,182,554	0	858	55.00
56.00	05600	RADIOISOTOPE	0	0	13,357,538	0	402	56.00
57.00	05700	CT SCAN	0	0	106,714,673	0	345	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	27,549,154	0	242	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	67,136,072	0	1,016	59.00
60.00	06000	LABORATORY	0	1,762,554	134,896,832	0	336	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	7,860,813	0	40	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	38,904,211	0	922	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,645,259	0	44	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,866,867	0	179	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,995,180	0	58	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	19,874,004	0	677	69.00
69.01	06901	CARDIAC REHAB	0	0	838,401	0	6	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,433,569	38,374,743	0	620	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,096,770	0	49,790,787	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,957,023	0	33,714,164	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,885,070	127,379,561	0	8	73.00
74.00	07400	RENAL DIALYSIS	0	0	6,909,817	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	23,018,952	0	505	90.00
91.00	09100	EMERGENCY	0	0	65,615,853	46	10,446	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	14,124	3,081,207	0	1,269	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,053,793	14,095,317	1,174,544,724	801	113,839	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	STAFF EDUCATION (TIME SPENT)	
			14.00	15.00	16.00	17.00	17.01	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	323,432	0	0	1,656	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	4,138,591	6,458,837	4,575,894	804,980	410,817	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.158848	0.447947	0.003896	1,004.968789	3.557011	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	240,952	132,690	83,272	12,790	72,695	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009248	0.009203	0.000071	15.967541	0.629421	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	MEDICAL EDUCATION (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PROGRAM (ASSIGNED TIME)		
			17.02	21.00	22.00	23.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						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
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	STAFF EDUCATION						17.01
17.02	01702	MEDICAL EDUCATION	100					17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	100				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		100			22.00
23.00	02300	PARAMED ED PROGRAM	0			100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
31.01	03101	NEONATAL ICU	0	0	0	0		31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
43.00	04300	NURSERY	0	0	0	0		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
50.01	05001	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	05401	RADIOLOGY - ULTRASOUND	0	0	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
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
69.01	06901	CARDIAC REHAB	0	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0		90.00
91.00	09100	EMERGENCY	100	100	100	100		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	100	100	100		118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/26/2017 1:14 pm

		Cost Center Description	MEDICAL EDUCATION (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PROGRAM (ASSIGNED TIME)		
			17.02	21.00	22.00	23.00		
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0		192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0		192.02
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
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)	153,202	223,051	198,701	731,912		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,532.020000	2,230.510000	1,987.010000	7,319.120000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,740	347	29,184	24,303		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	27.400000	3.470000	291.840000	243.030000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	72,740,676		72,740,676	3,665	72,744,341	30.00
31.00	03100	INTENSIVE CARE UNIT	13,114,014		13,114,014	0	13,114,014	31.00
31.01	03101	NEONATAL ICU	3,735,381		3,735,381	0	3,735,381	31.01
40.00	04000	SUBPROVIDER - IPF	1,879,727		1,879,727	0	1,879,727	40.00
41.00	04100	SUBPROVIDER - IRF	7,163,629		7,163,629	0	7,163,629	41.00
43.00	04300	NURSERY	2,332,035		2,332,035	0	2,332,035	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,821,451		15,821,451	0	15,821,451	50.00
50.01	05001	ENDOSCOPY	4,246,029		4,246,029	0	4,246,029	50.01
51.00	05100	RECOVERY ROOM	2,432,609		2,432,609	0	2,432,609	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,822,389		4,822,389	0	4,822,389	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,395,463		8,395,463	0	8,395,463	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	3,125,817		3,125,817	0	3,125,817	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,572,648		2,572,648	8,329	2,580,977	55.00
56.00	05600	RADIOISOTOPE	2,543,628		2,543,628	0	2,543,628	56.00
57.00	05700	CT SCAN	4,646,761		4,646,761	0	4,646,761	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,652,213		1,652,213	0	1,652,213	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,284,462		6,284,462	0	6,284,462	59.00
60.00	06000	LABORATORY	16,090,008		16,090,008	0	16,090,008	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,131,934		2,131,934	0	2,131,934	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,248,759	0	5,248,759	0	5,248,759	65.00
66.00	06600	PHYSICAL THERAPY	2,819,370	0	2,819,370	0	2,819,370	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,234,114	0	2,234,114	0	2,234,114	67.00
68.00	06800	SPEECH PATHOLOGY	735,115	0	735,115	0	735,115	68.00
69.00	06900	ELECTROCARDIOLOGY	1,428,339		1,428,339	0	1,428,339	69.00
69.01	06901	CARDIAC REHAB	684,261		684,261	0	684,261	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,564,613		4,564,613	11,367	4,575,980	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,413,318		17,413,318	0	17,413,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,807,420		19,807,420	0	19,807,420	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,092,876		20,092,876	0	20,092,876	73.00
74.00	07400	RENAL DIALYSIS	2,547,622		2,547,622	0	2,547,622	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,034,100		9,034,100	0	9,034,100	90.00
91.00	09100	EMERGENCY	16,435,561		16,435,561	0	16,435,561	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,840,003		14,840,003		14,840,003	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,967,744		2,967,744		2,967,744	101.00
200.00		Subtotal (see instructions)	296,584,089	0	296,584,089	23,361	296,607,450	200.00
201.00		Less Observation Beds	14,840,003		14,840,003		14,840,003	201.00
202.00		Total (see instructions)	281,744,086	0	281,744,086	23,361	281,767,447	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I | Date/Time Prepared: 5/26/2017 1:14 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	68,765,356		68,765,356			30.00
31.00	03100	INTENSIVE CARE UNIT	16,137,742		16,137,742			31.00
31.01	03101	NEONATAL ICU	6,651,844		6,651,844			31.01
40.00	04000	SUBPROVIDER - IPF	4,136,239		4,136,239			40.00
41.00	04100	SUBPROVIDER - IRF	8,022,185		8,022,185			41.00
43.00	04300	NURSERY	1,820,698		1,820,698			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	95,055,211	60,579,855	155,635,066	0.101657	0.000000	50.00
50.01	05001	ENDOSCOPY	4,682,415	14,062,175	18,744,590	0.226520	0.000000	50.01
51.00	05100	RECOVERY ROOM	5,199,562	5,213,858	10,413,420	0.233603	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,821,595	2,109,965	4,931,560	0.977863	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,500,620	25,855,167	35,355,787	0.237457	0.000000	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	5,145,968	10,853,424	15,999,392	0.195371	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,133,102	17,049,452	18,182,554	0.141490	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,616,532	7,741,006	13,357,538	0.190426	0.000000	56.00
57.00	05700	CT SCAN	38,732,759	67,981,914	106,714,673	0.043544	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,062,748	17,486,406	27,549,154	0.059973	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,092,844	35,043,228	67,136,072	0.093608	0.000000	59.00
60.00	06000	LABORATORY	58,956,959	75,939,873	134,896,832	0.119276	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,025,304	1,835,509	7,860,813	0.271210	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	34,013,151	4,891,060	38,904,211	0.134915	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,327,942	317,317	7,645,259	0.368774	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,683,347	183,520	5,866,867	0.380802	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,811,514	183,666	1,995,180	0.368445	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,656,552	9,217,452	19,874,004	0.071870	0.000000	69.00
69.01	06901	CARDIAC REHAB	218,786	619,615	838,401	0.816150	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	12,229,782	26,144,961	38,374,743	0.118948	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,854,053	22,936,734	49,790,787	0.349730	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,648,625	12,065,539	33,714,164	0.587510	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	105,479,475	21,900,086	127,379,561	0.157740	0.000000	73.00
74.00	07400	RENAL DIALYSIS	6,414,615	495,202	6,909,817	0.368696	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	442,069	22,576,883	23,018,952	0.392464	0.000000	90.00
91.00	09100	EMERGENCY	16,489,661	49,126,192	65,615,853	0.250482	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,289,168	21,935,035	29,224,203	0.507798	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	3,081,207	3,081,207			101.00
200.00		Subtotal (see instructions)	637,118,423	537,426,301	1,174,544,724			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	637,118,423	537,426,301	1,174,544,724			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/26/2017 1:14 pm

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	03101	NEONATAL ICU		31.01
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.101657	50.00
50.01	05001	ENDOSCOPY	0.226520	50.01
51.00	05100	RECOVERY ROOM	0.233603	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.977863	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237457	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.195371	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141948	55.00
56.00	05600	RADIOISOTOPE	0.190426	56.00
57.00	05700	CT SCAN	0.043544	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059973	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093608	59.00
60.00	06000	LABORATORY	0.119276	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271210	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.134915	65.00
66.00	06600	PHYSICAL THERAPY	0.368774	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380802	67.00
68.00	06800	SPEECH PATHOLOGY	0.368445	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071870	69.00
69.01	06901	CARDIAC REHAB	0.816150	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.119245	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.349730	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.587510	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157740	73.00
74.00	07400	RENAL DIALYSIS	0.368696	74.00
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.392464	90.00
91.00	09100	EMERGENCY	0.250482	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.507798	92.00
		OTHER REIMBURSABLE COST CENTERS		
101.00	10100	HOME HEALTH AGENCY		101.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/26/2017 1:14 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	72,740,676		72,740,676	3,665	72,744,341	30.00
31.00	03100	INTENSIVE CARE UNIT	13,114,014		13,114,014	0	13,114,014	31.00
31.01	03101	NEONATAL ICU	3,735,381		3,735,381	0	3,735,381	31.01
40.00	04000	SUBPROVIDER - IPF	1,879,727		1,879,727	0	1,879,727	40.00
41.00	04100	SUBPROVIDER - IRF	7,163,629		7,163,629	0	7,163,629	41.00
43.00	04300	NURSERY	2,332,035		2,332,035	0	2,332,035	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,821,451		15,821,451	0	15,821,451	50.00
50.01	05001	ENDOSCOPY	4,246,029		4,246,029	0	4,246,029	50.01
51.00	05100	RECOVERY ROOM	2,432,609		2,432,609	0	2,432,609	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,822,389		4,822,389	0	4,822,389	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,395,463		8,395,463	0	8,395,463	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	3,125,817		3,125,817	0	3,125,817	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,572,648		2,572,648	8,329	2,580,977	55.00
56.00	05600	RADIOISOTOPE	2,543,628		2,543,628	0	2,543,628	56.00
57.00	05700	CT SCAN	4,646,761		4,646,761	0	4,646,761	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,652,213		1,652,213	0	1,652,213	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,284,462		6,284,462	0	6,284,462	59.00
60.00	06000	LABORATORY	16,090,008		16,090,008	0	16,090,008	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,131,934		2,131,934	0	2,131,934	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,248,759	0	5,248,759	0	5,248,759	65.00
66.00	06600	PHYSICAL THERAPY	2,819,370	0	2,819,370	0	2,819,370	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,234,114	0	2,234,114	0	2,234,114	67.00
68.00	06800	SPEECH PATHOLOGY	735,115	0	735,115	0	735,115	68.00
69.00	06900	ELECTROCARDIOLOGY	1,428,339		1,428,339	0	1,428,339	69.00
69.01	06901	CARDIAC REHAB	684,261		684,261	0	684,261	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,564,613		4,564,613	11,367	4,575,980	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,413,318		17,413,318	0	17,413,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,807,420		19,807,420	0	19,807,420	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,092,876		20,092,876	0	20,092,876	73.00
74.00	07400	RENAL DIALYSIS	2,547,622		2,547,622	0	2,547,622	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,034,100		9,034,100	0	9,034,100	90.00
91.00	09100	EMERGENCY	16,435,561		16,435,561	0	16,435,561	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,840,003		14,840,003		14,840,003	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,967,744		2,967,744		2,967,744	101.00
200.00		Subtotal (see instructions)	296,584,089	0	296,584,089	23,361	296,607,450	200.00
201.00		Less Observation Beds	14,840,003		14,840,003		14,840,003	201.00
202.00		Total (see instructions)	281,744,086	0	281,744,086	23,361	281,767,447	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/26/2017 1:14 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	68,765,356		68,765,356			30.00
31.00	03100	INTENSIVE CARE UNIT	16,137,742		16,137,742			31.00
31.01	03101	NEONATAL ICU	6,651,844		6,651,844			31.01
40.00	04000	SUBPROVIDER - IPF	4,136,239		4,136,239			40.00
41.00	04100	SUBPROVIDER - IRF	8,022,185		8,022,185			41.00
43.00	04300	NURSERY	1,820,698		1,820,698			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	95,055,211	60,579,855	155,635,066	0.101657	0.000000	50.00
50.01	05001	ENDOSCOPY	4,682,415	14,062,175	18,744,590	0.226520	0.000000	50.01
51.00	05100	RECOVERY ROOM	5,199,562	5,213,858	10,413,420	0.233603	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,821,595	2,109,965	4,931,560	0.977863	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,500,620	25,855,167	35,355,787	0.237457	0.000000	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	5,145,968	10,853,424	15,999,392	0.195371	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,133,102	17,049,452	18,182,554	0.141490	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,616,532	7,741,006	13,357,538	0.190426	0.000000	56.00
57.00	05700	CT SCAN	38,732,759	67,981,914	106,714,673	0.043544	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,062,748	17,486,406	27,549,154	0.059973	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,092,844	35,043,228	67,136,072	0.093608	0.000000	59.00
60.00	06000	LABORATORY	58,956,959	75,939,873	134,896,832	0.119276	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,025,304	1,835,509	7,860,813	0.271210	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	34,013,151	4,891,060	38,904,211	0.134915	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,327,942	317,317	7,645,259	0.368774	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,683,347	183,520	5,866,867	0.380802	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,811,514	183,666	1,995,180	0.368445	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,656,552	9,217,452	19,874,004	0.071870	0.000000	69.00
69.01	06901	CARDIAC REHAB	218,786	619,615	838,401	0.816150	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	12,229,782	26,144,961	38,374,743	0.118948	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,854,053	22,936,734	49,790,787	0.349730	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,648,625	12,065,539	33,714,164	0.587510	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	105,479,475	21,900,086	127,379,561	0.157740	0.000000	73.00
74.00	07400	RENAL DIALYSIS	6,414,615	495,202	6,909,817	0.368696	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	442,069	22,576,883	23,018,952	0.392464	0.000000	90.00
91.00	09100	EMERGENCY	16,489,661	49,126,192	65,615,853	0.250482	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,289,168	21,935,035	29,224,203	0.507798	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	3,081,207	3,081,207			101.00
200.00		Subtotal (see instructions)	637,118,423	537,426,301	1,174,544,724			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	637,118,423	537,426,301	1,174,544,724			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/26/2017 1:14 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	NEONATAL ICU			31.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	ENDOSCOPY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	CARDIAC REHAB	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part I Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,407,082	0	2,407,082	95,018	25.33	30.00
31.00	INTENSIVE CARE UNIT	189,033		189,033	8,305	22.76	31.00
31.01	NEONATAL ICU	29,299		29,299	3,489	8.40	31.01
40.00	SUBPROVIDER - IPF	32,198	0	32,198	2,967	10.85	40.00
41.00	SUBPROVIDER - IRF	237,917	0	237,917	10,240	23.23	41.00
43.00	NURSERY	166,520		166,520	2,802	59.43	43.00
200.00	Total (lines 30-199)	3,062,049		3,062,049	122,821		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	30,671	776,896	30.00
31.00	INTENSIVE CARE UNIT	3,562	81,071	31.00
31.01	NEONATAL ICU	0	0	31.01
40.00	SUBPROVIDER - IPF	1,614	17,512	40.00
41.00	SUBPROVIDER - IRF	6,219	144,467	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	42,066	1,019,946	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/26/2017 1:14 pm

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		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	468,644	155,635,066	0.003011	36,360,029	109,480	50.00
50.01	05001	ENDOSCOPY	15,368	18,744,590	0.000820	2,202,786	1,806	50.01
51.00	05100	RECOVERY ROOM	106,181	10,413,420	0.010197	1,622,274	16,542	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,898	4,931,560	0.013565	57,879	785	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	372,551	35,355,787	0.010537	4,221,488	44,482	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	44,156	15,999,392	0.002760	2,284,815	6,306	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	96,571	18,182,554	0.005311	298,306	1,584	55.00
56.00	05600	RADIOISOTOPE	68,343	13,357,538	0.005116	2,649,460	13,555	56.00
57.00	05700	CT SCAN	89,713	106,714,673	0.000841	15,588,338	13,110	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,144	27,549,154	0.001348	3,782,848	5,099	58.00
59.00	05900	CARDIAC CATHETERIZATION	86,117	67,136,072	0.001283	14,345,345	18,405	59.00
60.00	06000	LABORATORY	229,991	134,896,832	0.001705	24,363,362	41,540	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,013	7,860,813	0.001274	1,994,126	2,541	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	71,352	38,904,211	0.001834	13,512,342	24,782	65.00
66.00	06600	PHYSICAL THERAPY	88,410	7,645,259	0.011564	1,740,631	20,129	66.00
67.00	06700	OCCUPATIONAL THERAPY	74,252	5,866,867	0.012656	1,009,035	12,770	67.00
68.00	06800	SPEECH PATHOLOGY	14,001	1,995,180	0.007017	660,922	4,638	68.00
69.00	06900	ELECTROCARDIOLOGY	8,712	19,874,004	0.000438	5,175,640	2,267	69.00
69.01	06901	CARDIAC REHAB	1,910	838,401	0.002278	479	1	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	29,556	38,374,743	0.000770	1,091,754	841	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	157,503	49,790,787	0.003163	9,544,058	30,188	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	175,815	33,714,164	0.005215	8,861,416	46,212	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	165,030	127,379,561	0.001296	42,609,998	55,223	73.00
74.00	07400	RENAL DIALYSIS	39,104	6,909,817	0.005659	3,752,176	21,234	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	517,016	23,018,952	0.022460	178,507	4,009	90.00
91.00	09100	EMERGENCY	254,809	65,615,853	0.003883	9,753,992	37,875	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	491,056	29,224,203	0.016803	3,231,374	54,297	92.00
200.00		Total (lines 50-199)	3,780,216	1,065,929,453		210,893,380	589,701	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part III Date/Time Prepared: 5/26/2017 1:14 pm

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		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
31.01	03101	NEONATAL ICU	0	0	0		0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	95,018	0.00	30,671	0		30.00
31.00	03100	INTENSIVE CARE UNIT	8,305	0.00	3,562	0		31.00
31.01	03101	NEONATAL ICU	3,489	0.00	0	0		31.01
40.00	04000	SUBPROVIDER - IPF	2,967	0.00	1,614	0		40.00
41.00	04100	SUBPROVIDER - IRF	10,240	0.00	6,219	0		41.00
43.00	04300	NURSERY	2,802	0.00	0	0		43.00
200.00		Total (lines 30-199)	122,821		42,066	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	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	05401	RADIOLOGY - ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	731,912	0	731,912	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	731,912	0	731,912	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/26/2017 1:14 pm

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		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	155,635,066	0.000000	0.000000	36,360,029	50.00
50.01	05001	ENDOSCOPY	0	18,744,590	0.000000	0.000000	2,202,786	50.01
51.00	05100	RECOVERY ROOM	0	10,413,420	0.000000	0.000000	1,622,274	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,931,560	0.000000	0.000000	57,879	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	35,355,787	0.000000	0.000000	4,221,488	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	15,999,392	0.000000	0.000000	2,284,815	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,182,554	0.000000	0.000000	298,306	55.00
56.00	05600	RADIOISOTOPE	0	13,357,538	0.000000	0.000000	2,649,460	56.00
57.00	05700	CT SCAN	0	106,714,673	0.000000	0.000000	15,588,338	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,549,154	0.000000	0.000000	3,782,848	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	67,136,072	0.000000	0.000000	14,345,345	59.00
60.00	06000	LABORATORY	0	134,896,832	0.000000	0.000000	24,363,362	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,860,813	0.000000	0.000000	1,994,126	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	38,904,211	0.000000	0.000000	13,512,342	65.00
66.00	06600	PHYSICAL THERAPY	0	7,645,259	0.000000	0.000000	1,740,631	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,866,867	0.000000	0.000000	1,009,035	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,995,180	0.000000	0.000000	660,922	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,874,004	0.000000	0.000000	5,175,640	69.00
69.01	06901	CARDIAC REHAB	0	838,401	0.000000	0.000000	479	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	38,374,743	0.000000	0.000000	1,091,754	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,790,787	0.000000	0.000000	9,544,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,714,164	0.000000	0.000000	8,861,416	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	127,379,561	0.000000	0.000000	42,609,998	73.00
74.00	07400	RENAL DIALYSIS	0	6,909,817	0.000000	0.000000	3,752,176	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	23,018,952	0.000000	0.000000	178,507	90.00
91.00	09100	EMERGENCY	731,912	65,615,853	0.011154	0.011154	9,753,992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	29,224,203	0.000000	0.000000	3,231,374	92.00
200.00		Total (lines 50-199)	731,912	1,065,929,453			210,893,380	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/26/2017 1:14 pm

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	15,475,716	0		50.00
50.01	05001	ENDOSCOPY	0	4,701,464	0		50.01
51.00	05100	RECOVERY ROOM	0	1,987,901	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	22,513	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,666,407	0		54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	2,052,813	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,531,433	0		55.00
56.00	05600	RADIOISOTOPE	0	2,474,057	0		56.00
57.00	05700	CT SCAN	0	16,218,354	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,205,426	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,367,223	0		59.00
60.00	06000	LABORATORY	0	7,914,479	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	346,813	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	623,175	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,492	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	13,608	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,654,760	0		69.00
69.01	06901	CARDIAC REHAB	0	231,726	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,964,605	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,788,307	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,843,684	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,704,575	0		73.00
74.00	07400	RENAL DIALYSIS	0	290,476	0		74.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	7,225,952	0		90.00
91.00	09100	EMERGENCY	108,796	8,943,477	99,756		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,499,571	0		92.00
200.00		Total (lines 50-199)	108,796	128,766,007	99,756		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/26/2017 1:14 pm

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		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.101657	15,475,716	0	0	1,573,215	50.00
50.01	05001	ENDOSCOPY	0.226520	4,701,464	0	0	1,064,976	50.01
51.00	05100	RECOVERY ROOM	0.233603	1,987,901	0	0	464,380	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.977863	22,513	0	0	22,015	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237457	7,666,407	0	315	1,820,442	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.195371	2,052,813	0	0	401,060	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141490	6,531,433	0	0	924,132	55.00
56.00	05600	RADIOISOTOPE	0.190426	2,474,057	0	470	471,125	56.00
57.00	05700	CT SCAN	0.043544	16,218,354	0	7,998	706,212	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059973	4,205,426	0	617	252,212	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093608	15,367,223	0	1,112	1,438,495	59.00
60.00	06000	LABORATORY	0.119276	7,914,479	0	0	944,007	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271210	346,813	0	0	94,059	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.134915	623,175	0	0	84,076	65.00
66.00	06600	PHYSICAL THERAPY	0.368774	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380802	17,492	0	0	6,661	67.00
68.00	06800	SPEECH PATHOLOGY	0.368445	13,608	0	0	5,014	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071870	2,654,760	0	0	190,798	69.00
69.01	06901	CARDIAC REHAB	0.816150	231,726	0	0	189,123	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118948	4,964,605	0	28,981	590,530	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.349730	5,788,307	0	0	2,024,345	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.587510	4,843,684	2,644	0	2,845,713	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157740	4,704,575	0	20,561	742,100	73.00
74.00	07400	RENAL DIALYSIS	0.368696	290,476	0	0	107,097	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.392464	7,225,952	0	0	2,835,926	90.00
91.00	09100	EMERGENCY	0.250482	8,943,477	0	105	2,240,180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.507798	3,499,571	0	0	1,777,075	92.00
200.00		Subtotal (see instructions)		128,766,007	2,644	60,159	23,814,968	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		128,766,007	2,644	60,159	23,814,968	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	05001	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	75		54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	90		56.00
57.00	05700	CT SCAN	0	348		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	37		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	104		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	CARDIAC REHAB	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,447		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,553	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,243		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	26		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	1,553	7,370		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	1,553	7,370		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0002 | Component CCN: 15-S002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	468,644	155,635,066	0.003011	3,756	11	50.00
50.01	05001	ENDOSCOPY	15,368	18,744,590	0.000820	2,431	2	50.01
51.00	05100	RECOVERY ROOM	106,181	10,413,420	0.010197	1,567	16	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,898	4,931,560	0.013565	660	9	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	372,551	35,355,787	0.010537	10,189	107	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	44,156	15,999,392	0.002760	5,177	14	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	96,571	18,182,554	0.005311	0	0	55.00
56.00	05600	RADIOISOTOPE	68,343	13,357,538	0.005116	0	0	56.00
57.00	05700	CT SCAN	89,713	106,714,673	0.000841	40,596	34	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,144	27,549,154	0.001348	11,269	15	58.00
59.00	05900	CARDIAC CATHETERIZATION	86,117	67,136,072	0.001283	1,802	2	59.00
60.00	06000	LABORATORY	229,991	134,896,832	0.001705	251,452	429	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,013	7,860,813	0.001274	1,372	2	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	71,352	38,904,211	0.001834	64,835	119	65.00
66.00	06600	PHYSICAL THERAPY	88,410	7,645,259	0.011564	17,445	202	66.00
67.00	06700	OCCUPATIONAL THERAPY	74,252	5,866,867	0.012656	9,274	117	67.00
68.00	06800	SPEECH PATHOLOGY	14,001	1,995,180	0.007017	1,968	14	68.00
69.00	06900	ELECTROCARDIOLOGY	8,712	19,874,004	0.000438	7,200	3	69.00
69.01	06901	CARDIAC REHAB	1,910	838,401	0.002278	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	29,556	38,374,743	0.000770	1,767	1	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	157,503	49,790,787	0.003163	2,559	8	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	175,815	33,714,164	0.005215	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	165,030	127,379,561	0.001296	627,045	813	73.00
74.00	07400	RENAL DIALYSIS	39,104	6,909,817	0.005659	12,839	73	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	517,016	23,018,952	0.022460	13,623	306	90.00
91.00	09100	EMERGENCY	254,809	65,615,853	0.003883	75,504	293	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	29,224,203	0.000000	286	0	92.00
200.00		Total (lines 50-199)	3,289,160	1,065,929,453		1,164,616	2,590	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0002 | Component CCN: 15-S002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	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	05401	RADIOLOGY - ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	731,912	0	731,912	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	731,912	0	731,912	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0002 | Component CCN: 15-S002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	155,635,066	0.000000	0.000000	3,756	50.00
50.01	05001	ENDOSCOPY	0	18,744,590	0.000000	0.000000	2,431	50.01
51.00	05100	RECOVERY ROOM	0	10,413,420	0.000000	0.000000	1,567	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,931,560	0.000000	0.000000	660	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	35,355,787	0.000000	0.000000	10,189	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	15,999,392	0.000000	0.000000	5,177	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,182,554	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	13,357,538	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	106,714,673	0.000000	0.000000	40,596	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,549,154	0.000000	0.000000	11,269	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	67,136,072	0.000000	0.000000	1,802	59.00
60.00	06000	LABORATORY	0	134,896,832	0.000000	0.000000	251,452	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,860,813	0.000000	0.000000	1,372	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	38,904,211	0.000000	0.000000	64,835	65.00
66.00	06600	PHYSICAL THERAPY	0	7,645,259	0.000000	0.000000	17,445	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,866,867	0.000000	0.000000	9,274	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,995,180	0.000000	0.000000	1,968	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,874,004	0.000000	0.000000	7,200	69.00
69.01	06901	CARDIAC REHAB	0	838,401	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	38,374,743	0.000000	0.000000	1,767	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,790,787	0.000000	0.000000	2,559	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,714,164	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	127,379,561	0.000000	0.000000	627,045	73.00
74.00	07400	RENAL DIALYSIS	0	6,909,817	0.000000	0.000000	12,839	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	23,018,952	0.000000	0.000000	13,623	90.00
91.00	09100	EMERGENCY	731,912	65,615,853	0.011154	0.011154	75,504	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	29,224,203	0.000000	0.000000	286	92.00
200.00		Total (lines 50-199)	731,912	1,065,929,453			1,164,616	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0002 | Component CCN: 15-S002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
50.01	05001	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	342	0		54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	3	0		56.00
57.00	05700	CT SCAN	0	54	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8	0		59.00
60.00	06000	LABORATORY	0	1,796	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
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
69.01	06901	CARDIAC REHAB	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	196	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	139	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	842	1,871	21		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,145	0		92.00
200.00		Total (lines 50-199)	842	5,558	21		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0002 | Component CCN: 15-S002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.101657	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.226520	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.233603	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.977863	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237457	342	0	0	81	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.195371	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141490	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.190426	3	0	0	1	56.00
57.00	05700	CT SCAN	0.043544	54	0	0	2	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059973	4	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093608	8	0	0	1	59.00
60.00	06000	LABORATORY	0.119276	1,796	0	0	214	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271210	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.134915	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.368774	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380802	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.368445	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071870	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0.816150	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118948	196	0	0	23	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.349730	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.587510	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157740	139	0	0	22	73.00
74.00	07400	RENAL DIALYSIS	0.368696	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.392464	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.250482	1,871	0	0	469	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.507798	1,145	0	0	581	92.00
200.00		Subtotal (see instructions)		5,558	0	0	1,394	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		5,558	0	0	1,394	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0002 | Component CCN: 15-S002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	05001	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	05401	RADIOLOGY - ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	CARDIAC REHAB	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0002 | Component CCN: 15-T002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	468,644	155,635,066	0.003011	64,722	195	50.00
50.01	05001	ENDOSCOPY	15,368	18,744,590	0.000820	52,532	43	50.01
51.00	05100	RECOVERY ROOM	106,181	10,413,420	0.010197	6,632	68	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,898	4,931,560	0.013565	660	9	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	372,551	35,355,787	0.010537	161,120	1,698	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	44,156	15,999,392	0.002760	49,445	136	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	96,571	18,182,554	0.005311	19,057	101	55.00
56.00	05600	RADIOISOTOPE	68,343	13,357,538	0.005116	24,588	126	56.00
57.00	05700	CT SCAN	89,713	106,714,673	0.000841	239,574	201	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,144	27,549,154	0.001348	128,319	173	58.00
59.00	05900	CARDIAC CATHETERIZATION	86,117	67,136,072	0.001283	192,442	247	59.00
60.00	06000	LABORATORY	229,991	134,896,832	0.001705	983,637	1,677	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,013	7,860,813	0.001274	47,006	60	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	71,352	38,904,211	0.001834	422,399	775	65.00
66.00	06600	PHYSICAL THERAPY	88,410	7,645,259	0.011564	2,360,144	27,293	66.00
67.00	06700	OCCUPATIONAL THERAPY	74,252	5,866,867	0.012656	2,189,330	27,708	67.00
68.00	06800	SPEECH PATHOLOGY	14,001	1,995,180	0.007017	227,609	1,597	68.00
69.00	06900	ELECTROCARDIOLOGY	8,712	19,874,004	0.000438	34,034	15	69.00
69.01	06901	CARDIAC REHAB	1,910	838,401	0.002278	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	29,556	38,374,743	0.000770	7,251	6	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	157,503	49,790,787	0.003163	186,967	591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	175,815	33,714,164	0.005215	12,397	65	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	165,030	127,379,561	0.001296	3,592,751	4,656	73.00
74.00	07400	RENAL DIALYSIS	39,104	6,909,817	0.005659	410,839	2,325	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	517,016	23,018,952	0.022460	5,676	127	90.00
91.00	09100	EMERGENCY	254,809	65,615,853	0.003883	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	29,224,203	0.000000	0	0	92.00
200.00		Total (lines 50-199)	3,289,160	1,065,929,453		11,419,131	69,892	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0002 | Component CCN: 15-T002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	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	05401	RADIOLOGY - ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	731,912	0	731,912	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	731,912	0	731,912	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0002 | Component CCN: 15-T002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	155,635,066	0.000000	0.000000	64,722	50.00
50.01	05001	ENDOSCOPY	0	18,744,590	0.000000	0.000000	52,532	50.01
51.00	05100	RECOVERY ROOM	0	10,413,420	0.000000	0.000000	6,632	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,931,560	0.000000	0.000000	660	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	35,355,787	0.000000	0.000000	161,120	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	15,999,392	0.000000	0.000000	49,445	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,182,554	0.000000	0.000000	19,057	55.00
56.00	05600	RADIOISOTOPE	0	13,357,538	0.000000	0.000000	24,588	56.00
57.00	05700	CT SCAN	0	106,714,673	0.000000	0.000000	239,574	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,549,154	0.000000	0.000000	128,319	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	67,136,072	0.000000	0.000000	192,442	59.00
60.00	06000	LABORATORY	0	134,896,832	0.000000	0.000000	983,637	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,860,813	0.000000	0.000000	47,006	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	38,904,211	0.000000	0.000000	422,399	65.00
66.00	06600	PHYSICAL THERAPY	0	7,645,259	0.000000	0.000000	2,360,144	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,866,867	0.000000	0.000000	2,189,330	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,995,180	0.000000	0.000000	227,609	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,874,004	0.000000	0.000000	34,034	69.00
69.01	06901	CARDIAC REHAB	0	838,401	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	38,374,743	0.000000	0.000000	7,251	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,790,787	0.000000	0.000000	186,967	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,714,164	0.000000	0.000000	12,397	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	127,379,561	0.000000	0.000000	3,592,751	73.00
74.00	07400	RENAL DIALYSIS	0	6,909,817	0.000000	0.000000	410,839	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	23,018,952	0.000000	0.000000	5,676	90.00
91.00	09100	EMERGENCY	731,912	65,615,853	0.011154	0.011154	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	29,224,203	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	731,912	1,065,929,453			11,419,131	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0002 | Component CCN: 15-T002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
50.01	05001	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	05401	RADIOLOGY - ULTRASOUND	0	379	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	376	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
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
69.01	06901	CARDIAC REHAB	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,283	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
		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	2,038	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0002 | Component CCN: 15-T002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.101657	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.226520	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.233603	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.977863	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237457	0	0	0	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.195371	379	0	0	74	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141490	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.190426	0	0	0	0	56.00
57.00	05700	CT SCAN	0.043544	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059973	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093608	0	0	0	0	59.00
60.00	06000	LABORATORY	0.119276	376	0	0	45	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271210	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.134915	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.368774	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380802	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.368445	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071870	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0.816150	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118948	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.349730	1,283	0	0	449	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.587510	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157740	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.368696	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.392464	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.250482	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.507798	0	0	0	0	92.00
200.00		Subtotal (see instructions)		2,038	0	0	568	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		2,038	0	0	568	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0002 | Component CCN: 15-T002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	05001	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	05401	RADIOLOGY - ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	CARDIAC REHAB	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0002	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 1:14 pm
	Title XVIII	Hospital	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)	95,018	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	95,018	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)	75,634	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)	30,671	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)	72,744,341	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)	72,744,341	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)	72,744,341	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)	765.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	23,481,104	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)	23,481,104	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	13,114,014	8,305	1,579.05	3,562	5,624,576	43.00
43.01	NEONATAL ICU	3,735,381	3,489	1,070.62	0	0	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)	36,719,841	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	65,825,521	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)	857,967	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	698,497	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,556,464	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	64,269,057	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)	19,384	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	765.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	14,840,003	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Hospital | 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	2,407,082	72,744,341	0.033090	14,840,003	491,056	90.00
91.00	Nursing School cost	0	72,744,341	0.000000	14,840,003	0	91.00
92.00	Allied health cost	0	72,744,341	0.000000	14,840,003	0	92.00
93.00	All other Medical Education	0	72,744,341	0.000000	14,840,003	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 1:14 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,967	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,967	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)	2,967	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)	1,614	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)	1,879,727	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)	1,879,727	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)	1,879,727	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)	633.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,022,534	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,022,534	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0002 | Component CCN: 15-S002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL ICU	0	0	0.00	0	0	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)	187,459	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,209,993	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)	17,512	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,432	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	20,944	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,189,049	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0002
Component CCN: 15-S002

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

Worksheet D-1

Date/Time Prepared:
5/26/2017 1:14 pm

Title XVIII

Subprovider - IPF

PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	32,198	1,879,727	0.017129	0	0	90.00
91.00	Nursing School cost	0	1,879,727	0.000000	0	0	91.00
92.00	Allied health cost	0	1,879,727	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,879,727	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 1:14 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	10,240	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	10,240	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)	10,240	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)	6,219	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)	7,163,629	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)	7,163,629	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)	7,163,629	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)	699.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,350,626	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)	4,350,626	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0002 | Component CCN: 15-T002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL ICU	0	0	0.00	0	0	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)	2,883,509	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	7,234,135	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)	144,467	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	69,892	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	214,359	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	7,019,776	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0002 | Component CCN: 15-T002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	237,917	7,163,629	0.033212	0	0	90.00
91.00	Nursing School cost	0	7,163,629	0.000000	0	0	91.00
92.00	Allied health cost	0	7,163,629	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,163,629	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XIX | Hospital | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	95,018	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	95,018	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)	75,634	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)	3,213	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	2,802	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)	72,740,676	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)	72,740,676	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)	72,740,676	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)	765.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,459,712	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)	2,459,712	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XIX | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,332,035	2,802	832.28	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	13,114,014	8,305	1,579.05	0	0	43.00
43.01	NEONATAL ICU	3,735,381	3,489	1,070.62	0	0	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)	2,104,661	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,564,373	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	19,384	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	765.55	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	14,839,421	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XIX | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,407,082	72,740,676	0.033091	14,839,421	491,051	90.00
91.00	Nursing School cost	0	72,740,676	0.000000	14,839,421	0	91.00
92.00	Allied health cost	0	72,740,676	0.000000	14,839,421	0	92.00
93.00	All other Medical Education	0	72,740,676	0.000000	14,839,421	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 1:14 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,967	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,967	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)	2,967	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)	525	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)	2,802	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)	1,879,727	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)	1,879,727	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)	1,879,727	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)	633.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	332,609	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)	332,609	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0002 | Component CCN: 15-S002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL ICU	0	0	0.00	0	0	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)	10,185	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	342,794	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0002 Component CCN: 15-S002

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

Worksheet D-1 Date/Time Prepared: 5/26/2017 1:14 pm

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	32,198	1,879,727	0.017129	0	0	90.00
91.00	Nursing School cost	0	1,879,727	0.000000	0	0	91.00
92.00	Allied health cost	0	1,879,727	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,879,727	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/26/2017 1:14 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	10,240	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	10,240	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)	10,240	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)	94	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)	2,802	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)	7,163,629	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)	7,163,629	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)	7,163,629	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)	699.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	65,760	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)	65,760	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0002 | Component CCN: 15-T002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL ICU	0	0	0.00	0	0	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)	68,952	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	134,712	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0002
Component CCN: 15-T002

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

Worksheet D-1

Date/Time Prepared:
5/26/2017 1:14 pm

Title XIX

Subprovider - IRF

Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	237,917	7,163,629	0.033212	0	0	90.00
91.00	Nursing School cost	0	7,163,629	0.000000	0	0	91.00
92.00	Allied health cost	0	7,163,629	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,163,629	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Hospital | 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		26,960,516		30.00
31.00	03100	INTENSIVE CARE UNIT		6,855,813		31.00
31.01	03101	NEONATAL ICU		0		31.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.101657	36,360,029	3,696,251	50.00
50.01	05001	ENDOSCOPY	0.226520	2,202,786	498,975	50.01
51.00	05100	RECOVERY ROOM	0.233603	1,622,274	378,968	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.977863	57,879	56,598	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237457	4,221,488	1,002,422	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.195371	2,284,815	446,387	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141948	298,306	42,344	55.00
56.00	05600	RADIOISOTOPE	0.190426	2,649,460	504,526	56.00
57.00	05700	CT SCAN	0.043544	15,588,338	678,779	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059973	3,782,848	226,869	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093608	14,345,345	1,342,839	59.00
60.00	06000	LABORATORY	0.119276	24,363,362	2,905,964	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271210	1,994,126	540,827	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.134915	13,512,342	1,823,018	65.00
66.00	06600	PHYSICAL THERAPY	0.368774	1,740,631	641,899	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380802	1,009,035	384,243	67.00
68.00	06800	SPEECH PATHOLOGY	0.368445	660,922	243,513	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071870	5,175,640	371,973	69.00
69.01	06901	CARDIAC REHAB	0.816150	479	391	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.119245	1,091,754	130,186	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.349730	9,544,058	3,337,843	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.587510	8,861,416	5,206,171	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157740	42,609,998	6,721,301	73.00
74.00	07400	RENAL DIALYSIS	0.368696	3,752,176	1,383,412	74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.392464	178,507	70,058	90.00
91.00	09100	EMERGENCY	0.250482	9,753,992	2,443,199	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.507798	3,231,374	1,640,885	92.00
200.00		Total (sum of lines 50-94 and 96-98)		210,893,380	36,719,841	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)		210,893,380		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0002 | Component CCN: 15-S002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	03101	NEONATAL ICU		0		31.01
40.00	04000	SUBPROVIDER - IPF		2,250,159		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.101657	3,756	382	50.00
50.01	05001	ENDOSCOPY	0.226520	2,431	551	50.01
51.00	05100	RECOVERY ROOM	0.233603	1,567	366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.977863	660	645	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237457	10,189	2,419	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.195371	5,177	1,011	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141948	0	0	55.00
56.00	05600	RADIOISOTOPE	0.190426	0	0	56.00
57.00	05700	CT SCAN	0.043544	40,596	1,768	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059973	11,269	676	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093608	1,802	169	59.00
60.00	06000	LABORATORY	0.119276	251,452	29,992	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271210	1,372	372	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.134915	64,835	8,747	65.00
66.00	06600	PHYSICAL THERAPY	0.368774	17,445	6,433	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380802	9,274	3,532	67.00
68.00	06800	SPEECH PATHOLOGY	0.368445	1,968	725	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071870	7,200	517	69.00
69.01	06901	CARDIAC REHAB	0.816150	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.119245	1,767	211	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.349730	2,559	895	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.587510	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157740	627,045	98,910	73.00
74.00	07400	RENAL DIALYSIS	0.368696	12,839	4,734	74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.392464	13,623	5,347	90.00
91.00	09100	EMERGENCY	0.250482	75,504	18,912	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.507798	286	145	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,164,616	187,459	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		1,164,616		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0002 | Component CCN: 15-T002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	03101	NEONATAL ICU		0		31.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		4,868,355		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.101657	64,722	6,579	50.00
50.01	05001	ENDOSCOPY	0.226520	52,532	11,900	50.01
51.00	05100	RECOVERY ROOM	0.233603	6,632	1,549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.977863	660	645	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237457	161,120	38,259	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.195371	49,445	9,660	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141948	19,057	2,705	55.00
56.00	05600	RADIOISOTOPE	0.190426	24,588	4,682	56.00
57.00	05700	CT SCAN	0.043544	239,574	10,432	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059973	128,319	7,696	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093608	192,442	18,014	59.00
60.00	06000	LABORATORY	0.119276	983,637	117,324	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271210	47,006	12,748	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.134915	422,399	56,988	65.00
66.00	06600	PHYSICAL THERAPY	0.368774	2,360,144	870,360	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380802	2,189,330	833,701	67.00
68.00	06800	SPEECH PATHOLOGY	0.368445	227,609	83,861	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071870	34,034	2,446	69.00
69.01	06901	CARDIAC REHAB	0.816150	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.119245	7,251	865	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.349730	186,967	65,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.587510	12,397	7,283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157740	3,592,751	566,721	73.00
74.00	07400	RENAL DIALYSIS	0.368696	410,839	151,475	74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.392464	5,676	2,228	90.00
91.00	09100	EMERGENCY	0.250482	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.507798	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		11,419,131	2,883,509	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)		11,419,131		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,970,519		30.00
31.00	03100	INTENSIVE CARE UNIT		371,303		31.00
31.01	03101	NEONATAL ICU		683,096		31.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		186,171		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.101657	3,153,793	320,605	50.00
50.01	05001	ENDOSCOPY	0.226520	102,757	23,277	50.01
51.00	05100	RECOVERY ROOM	0.233603	185,913	43,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.977863	351,998	344,206	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237457	226,138	53,698	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.195371	150,623	29,427	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141490	25,666	3,631	55.00
56.00	05600	RADIOISOTOPE	0.190426	117,460	22,367	56.00
57.00	05700	CT SCAN	0.043544	916,450	39,906	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059973	245,395	14,717	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093608	728,929	68,234	59.00
60.00	06000	LABORATORY	0.119276	1,745,974	208,253	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271210	30,818	8,358	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.134915	976,207	131,705	65.00
66.00	06600	PHYSICAL THERAPY	0.368774	127,287	46,940	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380802	93,491	35,602	67.00
68.00	06800	SPEECH PATHOLOGY	0.368445	32,938	12,136	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071870	229,241	16,476	69.00
69.01	06901	CARDIAC REHAB	0.816150	4,316	3,523	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118948	340,011	40,444	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.349730	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.587510	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157740	2,786,576	439,554	73.00
74.00	07400	RENAL DIALYSIS	0.368696	106,848	39,394	74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.392464	10,096	3,962	90.00
91.00	09100	EMERGENCY	0.250482	618,074	154,816	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.507798	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		13,306,999	2,104,661	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)		13,306,999		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0002 | Component CCN: 15-S002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	03101	NEONATAL ICU		0		31.01
40.00	04000	SUBPROVIDER - IPF		101,895		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.101657	0	0	50.00
50.01	05001	ENDOSCOPY	0.226520	0	0	50.01
51.00	05100	RECOVERY ROOM	0.233603	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.977863	32	31	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237457	749	178	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.195371	388	76	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141490	0	0	55.00
56.00	05600	RADIOISOTOPE	0.190426	0	0	56.00
57.00	05700	CT SCAN	0.043544	2,130	93	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059973	698	42	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093608	0	0	59.00
60.00	06000	LABORATORY	0.119276	12,733	1,519	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271210	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.134915	192	26	65.00
66.00	06600	PHYSICAL THERAPY	0.368774	498	184	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380802	262	100	67.00
68.00	06800	SPEECH PATHOLOGY	0.368445	179	66	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071870	353	25	69.00
69.01	06901	CARDIAC REHAB	0.816150	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118948	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.349730	7	2	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.587510	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157740	34,178	5,391	73.00
74.00	07400	RENAL DIALYSIS	0.368696	3,801	1,401	74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.392464	0	0	90.00
91.00	09100	EMERGENCY	0.250482	4,196	1,051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.507798	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		60,396	10,185	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)		60,396		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0002 | Component CCN: 15-T002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XIX | Subprovider - IRF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	03101	NEONATAL ICU		0		31.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		127,609		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.101657	1,221	124	50.00
50.01	05001	ENDOSCOPY	0.226520	0	0	50.01
51.00	05100	RECOVERY ROOM	0.233603	212	50	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.977863	462	452	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237457	2,812	668	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.195371	811	158	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141490	0	0	55.00
56.00	05600	RADIOISOTOPE	0.190426	0	0	56.00
57.00	05700	CT SCAN	0.043544	5,625	245	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059973	1,459	88	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093608	0	0	59.00
60.00	06000	LABORATORY	0.119276	18,492	2,206	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.271210	155	42	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.134915	10,113	1,364	65.00
66.00	06600	PHYSICAL THERAPY	0.368774	63,176	23,298	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380802	57,165	21,769	67.00
68.00	06800	SPEECH PATHOLOGY	0.368445	8,836	3,256	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071870	771	55	69.00
69.01	06901	CARDIAC REHAB	0.816150	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118948	751	89	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.349730	2,061	721	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.587510	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157740	88,122	13,900	73.00
74.00	07400	RENAL DIALYSIS	0.368696	1,267	467	74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.392464	0	0	90.00
91.00	09100	EMERGENCY	0.250482	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.507798	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		263,511	68,952	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)		263,511		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0002	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/26/2017 1:14 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	37,850,541	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	12,616,847	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	1.04
2.00	Outlier payments for discharges. (see instructions)	2,086,037	2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
3.00	Managed Care Simulated Payments	4,434,585	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	385.04	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)	8.53	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	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)	8.53	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	2.93	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)	2.93	12.00
13.00	Total allowable FTE count for the prior year.	3.00	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.	3.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	2.98	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	2.98	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.007739	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.007680	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.007680	21.00
22.00	IME payment adjustment (see instructions)	211,408	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	18,576	22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	-5.60	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)	211,408	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	18,576	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	9.83	30.00
31.00	Percentage of Medicaid patient days (see instructions)	31.24	31.00
32.00	Sum of lines 30 and 31	41.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)	23.10	33.00
34.00	Disproportionate share adjustment (see instructions)	2,914,492	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Date/Time Prepared: 5/26/2017 1:14 pm

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		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000869767	0.000846433	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,571,856	5,059,538	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	4,171,281	1,275,282	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,446,563		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 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)	61,125,888		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)	61,144,464	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,439,583	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).	68,306	52.00
53.00	Nursing and Allied Health Managed Care payment	14,167	53.00
54.00	Special add-on payments for new technologies	33,732	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	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)	108,796	58.00
59.00	Total (sum of amounts on lines 49 through 58)	65,809,048	59.00
60.00	Primary payer payments	53,250	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	65,755,798	61.00
62.00	Deductibles billed to program beneficiaries	4,861,836	62.00
63.00	Coinsurance billed to program beneficiaries	818,384	63.00
64.00	Allowable bad debts (see instructions)	1,417,258	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	921,218	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	714,330	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	60,996,796	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)	225,006	70.93
70.94	HRR adjustment amount (see instructions)	-1,100,379	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0002	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/26/2017 1:14 pm
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		486,432	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		59,634,991	71.00
71.01	Sequestration adjustment (see instructions)		1,192,700	71.01
72.00	Interim payments		57,685,626	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)		756,665	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		116,839	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	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	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	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/26/2017 1:14 pm

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	37,850,541	0	37,850,541		37,850,541	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,616,847	0		50,467,388	50,467,388	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,086,037	0	0	2,086,037	2,086,037	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	4,434,585	0	0	4,434,585	4,434,585	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.007680	0.007680	0.007680	0.007680		5.00
6.00	IME payment adjustment (see instructions)	22.00	211,408	0	158,556	52,852	211,408	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	18,576	0	18,576	0	18,576	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	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	211,408	0	158,556	52,852	211,408	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	18,576	0	18,576	0	18,576	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2310	0.2310	0.2310	0.2310		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,914,492	0	2,185,869	728,623	2,914,492	11.00
11.01	Uncompensated care payments	36.00	5,446,563	0	4,171,281	1,275,282	5,446,563	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	61,125,888	0	44,366,247	16,759,641	61,125,888	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	61,144,464	0	44,384,823	16,759,641	61,144,464	15.00
16.00	Payment for inpatient program capital	50.00	4,439,583	0	0	4,439,583	4,439,583	16.00
17.00	Special add-on payments for new technologies	54.00	33,732	0	0	33,732	33,732	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/26/2017 1:14 pm

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	44,384,823	21,232,956	65,617,779	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,057,627	0	0	4,057,627	4,057,627	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	15,552	0	0	15,552	15,552	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0035	0.0035	0.0035	0.0035		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	14,202	0	0	14,202	14,202	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0868	0.0868	0.0868	0.0868		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	352,202	0	0	352,202	352,202	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,439,583	0	0	4,439,583	4,439,583	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2017 1:14 pm

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 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	37,850,541	37,850,541		37,850,541	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,616,847		12,616,847	12,616,847	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,086,037	1,564,528	521,509	2,086,037	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	4,434,585	3,325,938	1,108,647	4,434,585	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.007680	0.007680	0.007680		5.00
6.00	IME payment adjustment (see instructions)	22.00	211,408	158,556	52,852	211,408	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	18,576	13,932	4,644	18,576	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	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	211,408	158,556	52,852	211,408	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	18,576	13,932	4,644	18,576	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2310	0.2310	0.2310		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,914,492	2,185,869	728,623	2,914,492	11.00
11.01	Uncompensated care payments	36.00	5,446,563	4,171,281	1,275,282	5,446,563	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	61,125,888	45,930,775	15,195,113	61,125,888	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	61,144,464	45,944,707	15,199,757	61,144,464	15.00
16.00	Payment for inpatient program capital	50.00	4,439,583	3,329,687	1,109,896	4,439,583	16.00
17.00	Special add-on payments for new technologies	54.00	33,732	25,299	8,433	33,732	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			49,299,693	16,318,086	65,617,779	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2017 1:14 pm

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		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	4,057,627	3,043,220	1,014,407	4,057,627	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	15,552	11,664	3,888	15,552	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	0.0035	0.0035	0.0035		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	14,202	10,652	3,550	14,202	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0868	0.0868	0.0868		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	352,202	264,151	88,051	352,202	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,439,583	3,329,687	1,109,896	4,439,583	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	225,006	168,754	56,252	225,006	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	-1,100,379	-825,284	-275,095	-1,100,379	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		486,432	0	486,432	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0002	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/26/2017 1:14 pm
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		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	8,923	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	23,715,212	2.00
3.00	PPS payments	20,756,715	3.00
4.00	Outlier payment (see instructions)	252,582	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	99,756	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	8,923	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	62,803	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)	62,803	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 chargebasis 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)	62,803	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	53,880	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)	8,923	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)	21,109,053	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)	4,058,107	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)	17,059,869	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	21,897	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)	17,081,766	30.00
31.00	Primary payer payments	33,374	31.00
32.00	Subtotal (line 30 minus line 31)	17,048,392	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)	1,236,606	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	803,794	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	964,081	36.00
37.00	Subtotal (see instructions)	17,852,186	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-416	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)	17,852,602	40.00
40.01	Sequestration adjustment (see instructions)	357,052	40.01
41.00	Interim payments	17,609,879	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-114,329	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: 15-0002 Component CCN: 15-S002	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/26/2017 1:14 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	1,373	2.00
3.00	PPS payments	2,492	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	21	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 chargebasis 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)	2,513	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)	498	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)	2,015	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)	2,015	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	2,015	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)	426	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	277	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	426	36.00
37.00	Subtotal (see instructions)	2,292	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)	2,292	40.00
40.01	Sequestration adjustment (see instructions)	46	40.01
41.00	Interim payments	1,954	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	292	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: 15-0002 Component CCN: 15-T002	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/26/2017 1:14 pm
	Title XVIII	Subprovider - IRF	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)	568	2.00
3.00	PPS payments	164	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 chargebasis 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)	164	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)	33	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)	131	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)	131	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	131	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)	131	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)	131	40.00
40.01	Sequestration adjustment (see instructions)	3	40.01
41.00	Interim payments	129	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part I Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		56,610,331		16,582,475	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	12/31/2016	814,095	12/31/2016	861,804	3.01
3.02		12/31/2016	261,200	12/31/2016	165,600	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)		1,075,295		1,027,404	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)		57,685,626		17,609,879	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		756,665		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		114,329	6.02
7.00	Total Medicare program liability (see instructions)		58,442,291		17,495,550	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0002 | Component CCN: 15-S002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part I | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IPF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,111,135		1,954	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,111,135		1,954	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		6,516		292	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,117,651		2,246	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0002 | Component CCN: 15-T002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-1 Part I | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		8,455,288		129	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)		8,455,288		129	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		98,528		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		8,553,816		128	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0002	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/26/2017 1:14 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	15,584	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	34,233	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3,593	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	87,428	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,174,544,724	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	34,239,170	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN:15-0002 Component CCN:15-S002	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/26/2017 1:14 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,278,117	1.00
2.00	Net IPF PPS Outlier Payments	65,960	2.00
3.00	Net IPF PPS ECT Payments	0	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 instuctions)	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 instuctions)	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)	8.106557	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,344,077	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)	1,344,077	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,344,077	18.00
19.00	Deductibles	55,384	19.00
20.00	Subtotal (line 18 minus line 19)	1,288,693	20.00
21.00	Coinsurance	154,882	21.00
22.00	Subtotal (line 20 minus line 21)	1,133,811	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	8,934	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	5,807	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,462	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,139,618	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)	842	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)	1,140,460	31.00
31.01	Sequestration adjustment (see instructions)	22,809	31.01
32.00	Interim payments	1,111,135	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)	6,516	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	65,960	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/26/2017 1:14 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	8,130,194	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0561	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	495,942	3.00
4.00	Outlier Payments	169,602	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	27.978142	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	8,795,738	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	8,795,738	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	8,795,738	19.00
20.00	Deductibles	28,308	20.00
21.00	Subtotal (line 19 minus line 20)	8,767,430	21.00
22.00	Coinsurance	59,892	22.00
23.00	Subtotal (line 21 minus line 22)	8,707,538	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	32,071	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	20,846	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	22,515	26.00
27.00	Subtotal (sum of lines 23 and 25)	8,728,384	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	8,728,384	32.00
32.01	Sequestration adjustment (see instructions)	174,568	32.01
33.00	Interim payments	8,455,288	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)	98,528	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	3,819	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	169,602	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0002	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2017 1:14 pm
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	4,564,373		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	4,564,373	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	4,564,373	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	3,211,089		8.00
9.00	Ancillary service charges	13,306,999	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	16,518,088	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	16,518,088	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	11,953,715	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	4,564,373	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	4,564,373	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	4,564,373	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	4,564,373	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	4,564,373	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)	4,564,373	0	40.00
41.00	Interim payments	5,258,136	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-693,763	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0002 Component CCN: 15-S002	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2017 1:14 pm
	Title XIX	Subprovider - IPF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	342,794		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)	342,794	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)	342,794	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	101,895		8.00
9.00	Ancillary service charges	60,396	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	162,291	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	162,291	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	180,503	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)	162,291	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	162,291	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	180,503	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	162,291	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	162,291	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	162,291	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)	162,291	0	40.00
41.00	Interim payments	51,662	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	110,629	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0002 Component CCN: 15-T002	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2017 1:14 pm
	Title XIX	Subprovider - IRF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	134,712		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)	134,712	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)	134,712	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	127,609		8.00
9.00	Ancillary service charges	263,511	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	391,120	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	391,120	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	256,408	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	134,712	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	134,712	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	134,712	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	134,712	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	134,712	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)	134,712	0	40.00
41.00	Interim payments	124,503	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	10,209	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E-4 | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			10.83	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			10.83	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.93	6.00
7.00	Enter the lesser of line 5 or line 6			2.93	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.	0.00	2.53	2.53	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.	0.00	2.53	2.53	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	2.53		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	2.42		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	2.50		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	2.48		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	2.48		17.00
18.00	Per resident amount	0.00	81,136.49		18.00
19.00	Approved amount for resident costs	0	201,218	201,218	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			201,218	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	42,066	3,593		26.00
27.00	Total Inpatient Days (see instructions)	100,720	100,720		27.00
28.00	Ratio of inpatient days to total inpatient days	0.417653	0.035673		28.00
29.00	Program direct GME amount	84,039	7,178		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		1,014		30.00
31.00	Net Program direct GME amount			90,203	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0002	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/26/2017 1:14 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	6,909,817	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)	74,269,649	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	53,250	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	74,216,399	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	23,825,853	42.00
43.00	Primary payer payments (see instructions)	34,167	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	23,791,686	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	98,008,085	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.757248	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.242752	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	90,203	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	68,306	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	21,897	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G | Date/Time Prepared: 5/26/2017 1:14 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	-542	0	0	0	1.00
2.00	Temporary investments	3,003,725	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	65,935,710	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-21,824,891	0	0	0	6.00
7.00	Inventory	11,126,425	0	0	0	7.00
8.00	Prepaid expenses	3,423,143	0	0	0	8.00
9.00	Other current assets	36,208,565	0	0	0	9.00
10.00	Due from other funds	418,689	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	98,290,824	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	4,445,499	0	0	0	12.00
13.00	Land improvements	6,459,678	0	0	0	13.00
14.00	Accumulated depreciation	-336,406,001	0	0	0	14.00
15.00	Buildings	259,822,331	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	2,639,796	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	204,276,234	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	141,237,537	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	138,457,735	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	138,457,735	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	377,986,096	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	18,519,562	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,317,017	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	154,562	0	0	0	43.00
44.00	Other current liabilities	25,605,472	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	46,596,613	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	64,234,151	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	30,986,827	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	95,220,978	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	141,817,591	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	236,168,505				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)	236,168,505	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	377,986,096	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-1 | Date/Time Prepared: 5/26/2017 1:14 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		231,852,464		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		4,316,041				2.00
3.00	Total (sum of line 1 and line 2)		236,168,505		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		236,168,505		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		236,168,505		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	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/26/2017 1:14 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	70,586,054		70,586,054	1.00
2.00	SUBPROVIDER - IPF	4,136,239		4,136,239	2.00
3.00	SUBPROVIDER - IRF	8,022,185		8,022,185	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	82,744,478		82,744,478	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	22,789,586		22,789,586	11.00
11.01	NEONATAL ICU	0		0	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	22,789,586		22,789,586	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	105,534,064		105,534,064	17.00
18.00	Ancillary services	507,363,460	440,706,985	948,070,445	18.00
19.00	Outpatient services	24,220,897	93,638,111	117,859,008	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		3,081,205	3,081,205	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	PHYSICIAN	0	7,363,292	7,363,292	27.00
27.01	PRO FEES	0	44,143,494	44,143,494	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	637,118,421	588,933,087	1,226,051,508	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		343,535,598		29.00
30.00	HAF	11,970,565			30.00
31.00	OTHER	156,332			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)		12,126,897		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)		355,662,495		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 15-0002 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-3 | Date/Time Prepared: 5/26/2017 1:14 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,226,051,508	1.00
2.00	Less contractual allowances and discounts on patients' accounts	930,097,502	2.00
3.00	Net patient revenues (line 1 minus line 2)	295,954,006	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	355,662,495	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-59,708,489	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 OPERATING INCOME	4,783,459	24.00
24.01	NON-OPERATING INCOME	35,000	24.01
24.02	UNREALIZED GAIN/LOSS	2,019,894	24.02
24.03	REALIZED GAIN/LOSS ON INVESTMENT	1,842,397	24.03
24.04	GAIN/LOSS ON ASSET DISPOSAL	0	24.04
24.05	INVESTMENT INCOME	3,399,262	24.05
24.06	MEDICAID DSH	51,899,485	24.06
24.07	OTHER ENTITIES	259,484	24.07
25.00	Total other income (sum of lines 6-24)	64,238,981	25.00
26.00	Total (line 5 plus line 25)	4,530,492	26.00
27.00	FOUNDATION	214,451	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	214,451	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,316,041	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0002 | HHA CCN: 15-7536 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H | Date/Time Prepared: 5/26/2017 1:14 pm

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	392,098	0	0	0	313,069	705,167	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	814,919	0	0	0	0	814,919	6.00
7.00	Physical Therapy	418,770	0	0	0	0	418,770	7.00
8.00	Occupational Therapy	104,431	0	0	0	0	104,431	8.00
9.00	Speech Pathology	44,680	0	0	0	0	44,680	9.00
10.00	Medical Social Services	2,931	0	0	0	0	2,931	10.00
11.00	Home Health Aide	65,654	0	0	0	0	65,654	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,843,483	0	0	0	313,069	2,156,552	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-4,815	700,352	0	700,352			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	814,919	0	814,919			6.00
7.00	Physical Therapy	0	418,770	0	418,770			7.00
8.00	Occupational Therapy	0	104,431	0	104,431			8.00
9.00	Speech Pathology	0	44,680	0	44,680			9.00
10.00	Medical Social Services	0	2,931	0	2,931			10.00
11.00	Home Health Aide	0	65,654	0	65,654			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-4,815	2,151,737	0	2,151,737			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST | Provider CCN: 15-0002 | HHA CCN: 15-7536 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-1 Part I | Date/Time Prepared: 5/26/2017 1:14 pm

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	700,352	0	0	0	0	700,352	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	814,919	0	0	0	0	814,919	6.00
7.00	Physical Therapy	418,770	0	0	0	0	418,770	7.00
8.00	Occupational Therapy	104,431	0	0	0	0	104,431	8.00
9.00	Speech Pathology	44,680	0	0	0	0	44,680	9.00
10.00	Medical Social Services	2,931	0	0	0	0	2,931	10.00
11.00	Home Health Aide	65,654	0	0	0	0	65,654	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,151,737	0	0	0	0	2,151,737	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	700,352		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	393,232	1,208,151	6.00
7.00	Physical Therapy	202,073	620,843	7.00
8.00	Occupational Therapy	50,392	154,823	8.00
9.00	Speech Pathology	21,560	66,240	9.00
10.00	Medical Social Services	1,414	4,345	10.00
11.00	Home Health Aide	31,681	97,335	11.00
12.00	Supplies (see instructions)	0	0	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		2,151,737	24.00

COST ALLOCATION - HHA STATISTICAL BASIS | Provider CCN: 15-0002 | HHA CCN: 15-7536 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-1 Part II | Date/Time Prepared: 5/26/2017 1:14 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-700,352	1,451,385	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	814,919	6.00
7.00	Physical Therapy	0	0	0	0	0	418,770	7.00
8.00	Occupational Therapy	0	0	0	0	0	104,431	8.00
9.00	Speech Pathology	0	0	0	0	0	44,680	9.00
10.00	Medical Social Services	0	0	0	0	0	2,931	10.00
11.00	Home Health Aide	0	0	0	0	0	65,654	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-700,352	1,451,385	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		700,352	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.482540	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0002 | HHA CCN: 15-7536 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-2 Part I | Date/Time Prepared: 5/26/2017 1:14 pm

Home Health Agency I | PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	
		0	1.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	0	0	427,611	0	6,820	7,854	1.00
2.00	Skilled Nursing Care	1,208,151	0	0	0	0	0	2.00
3.00	Physical Therapy	620,843	0	0	0	0	0	3.00
4.00	Occupational Therapy	154,823	0	0	0	0	0	4.00
5.00	Speech Pathology	66,240	0	0	0	0	0	5.00
6.00	Medical Social Services	4,345	0	0	0	0	0	6.00
7.00	Home Health Aide	97,335	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	2,151,737	0	427,611	0	6,820	7,854	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER A&G	PATIENT TRANSPORTATION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5A.04	5.05	5.06	7.00	8.00	
1.00	Administrative and General	14,140	456,425	58,929	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,208,151	155,983	0	0	0	2.00
3.00	Physical Therapy	0	620,843	80,156	0	0	0	3.00
4.00	Occupational Therapy	0	154,823	19,989	0	0	0	4.00
5.00	Speech Pathology	0	66,240	8,552	0	0	0	5.00
6.00	Medical Social Services	0	4,345	561	0	0	0	6.00
7.00	Home Health Aide	0	97,335	12,567	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	14,140	2,608,162	336,737	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0002
HHA CCN: 15-7536

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

Worksheet H-2 Part I
Date/Time Prepared: 5/26/2017 1:14 pm

Home Health Agency I

PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	0	0	6,327	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	6,327	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
		16.00	17.00	17.01	17.02	21.00	22.00	
1.00	Administrative and General	12,004	0	4,514	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	12,004	0	4,514	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0002
HHA CCN: 15-7536

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

Worksheet H-2
Part I
Date/Time Prepared:
5/26/2017 1:14 pm

Home Health Agency I

PPS

	Cost Center Description	PARAMED ED PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	538,199	0	538,199			1.00
2.00	Skilled Nursing Care	0	1,364,134	0	1,364,134	302,186	1,666,320	2.00
3.00	Physical Therapy	0	700,999	0	700,999	155,287	856,286	3.00
4.00	Occupational Therapy	0	174,812	0	174,812	38,725	213,537	4.00
5.00	Speech Pathology	0	74,792	0	74,792	16,568	91,360	5.00
6.00	Medical Social Services	0	4,906	0	4,906	1,087	5,993	6.00
7.00	Home Health Aide	0	109,902	0	109,902	24,346	134,248	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	2,967,744	0	2,967,744	538,199	2,967,744	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.221523		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0002
HHA CCN: 15-7536

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

Worksheet H-2 Part II
Date/Time Prepared: 5/26/2017 1:14 pm

Home Health Agency I

PPS

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING RECEIVING AND STORES (PURCHASE REQUISITIONS)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
		1.00	4.00	5.01	5.02	5.03	5.04	
1.00	Administrative and General	0	1,843,483	0	75,251	3,081,207	3,081,207	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	1,843,483	0	75,251	3,081,207	3,081,207	20.00
21.00	Total cost to be allocated	0	427,611	0	6,820	7,854	14,140	21.00
22.00	Unit cost multiplier	0.000000	0.231958	0.000000	0.090630	0.002549	0.004589	22.00

	Cost Center Description	Reconciliation	OTHER A&G (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.05	5.05	5.06	7.00	8.00	9.00	
1.00	Administrative and General	0	456,425	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,208,151	0	0	0	0	2.00
3.00	Physical Therapy	0	620,843	0	0	0	0	3.00
4.00	Occupational Therapy	0	154,823	0	0	0	0	4.00
5.00	Speech Pathology	0	66,240	0	0	0	0	5.00
6.00	Medical Social Services	0	4,345	0	0	0	0	6.00
7.00	Home Health Aide	0	97,335	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)		2,608,162	0	0	0	0	20.00
21.00	Total cost to be allocated		336,737	0	0	0	0	21.00
22.00	Unit cost multiplier		0.129109	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0002 | HHA CCN: 15-7536 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-2 Part II | Date/Time Prepared: 5/26/2017 1:14 pm

Home Health Agency I | PPS

	Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	14,124	3,081,207	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	14,124	3,081,207	20.00
21.00	Total cost to be allocated	0	0	0	0	6,327	12,004	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.447961	0.003896	22.00

	Cost Center Description	SOCIAL SERVICE (TIME SPENT)	STAFF EDUCATION (TIME SPENT)	MEDICAL EDUCATION (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PROGRAM (ASSIGNED TIME)	
		17.00	17.01	17.02	21.00	22.00	23.00	
1.00	Administrative and General	0	1,269	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	1,269	0	0	0	0	20.00
21.00	Total cost to be allocated	0	4,514	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	3.557132	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS | Provider CCN: 15-0002 | HHA CCN: 15-7536 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-3 Part I | Date/Time Prepared: 5/26/2017 1:14 pm

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,666,320		1,666,320	10,582	157.47	1.00
2.00	Physical Therapy	3.00	856,286	0	856,286	5,040	169.90	2.00
3.00	Occupational Therapy	4.00	213,537	0	213,537	1,142	186.99	3.00
4.00	Speech Pathology	5.00	91,360	0	91,360	303	301.52	4.00
5.00	Medical Social Services	6.00	5,993		5,993	14	428.07	5.00
6.00	Home Health Aide	7.00	134,248		134,248	2,278	58.93	6.00
7.00	Total (sum of lines 1-6)		2,967,744	0	2,967,744	19,359		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		23844	0	3,555			8.00
9.00	Physical Therapy		23844	0	2,268			9.00
10.00	Occupational Therapy		23844	0	458			10.00
11.00	Speech Pathology		23844	0	132			11.00
12.00	Medical Social Services		23844	0	7			12.00
13.00	Home Health Aide		23844	0	1,011			13.00
14.00	Total (sum of lines 8-13)			0	7,431			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles & Coinsurance	Cost of Services: Part A	Cost of Services: Part B Not Subject to Deductibles & Coinsurance	Cost of Services: Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	3,555		0	559,806		1.00
2.00	Physical Therapy	0	2,268		0	385,333		2.00
3.00	Occupational Therapy	0	458		0	85,641		3.00
4.00	Speech Pathology	0	132		0	39,801		4.00
5.00	Medical Social Services	0	7		0	2,996		5.00
6.00	Home Health Aide	0	1,011		0	59,578		6.00
7.00	Total (sum of lines 1-6)	0	7,431		0	1,133,155		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0002 | HHA CCN: 15-7536 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-3 Part I | Date/Time Prepared: 5/26/2017 1:14 pm

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	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
			Part B			Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)		
		12.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION			
	Cost Per Visit Computation			
1.00	Skilled Nursing Care	559,806		1.00
2.00	Physical Therapy	385,333		2.00
3.00	Occupational Therapy	85,641		3.00
4.00	Speech Pathology	39,801		4.00
5.00	Medical Social Services	2,996		5.00
6.00	Home Health Aide	59,578		6.00
7.00	Total (sum of lines 1-6)	1,133,155		7.00

	Cost Center Description			
		12.00		
	Limitation Cost Computation			
8.00	Skilled Nursing Care			8.00
9.00	Physical Therapy			9.00
10.00	Occupational Therapy			10.00
11.00	Speech Pathology			11.00
12.00	Medical Social Services			12.00
13.00	Home Health Aide			13.00
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0002 | HHA CCN: 15-7536 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-3 Part II | Date/Time Prepared: 5/26/2017 1:14 pm

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	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.368774	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.380802	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.368445	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.349730	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.157740	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0002 | HHA CCN: 15-7536 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-4 Part I-II | Date/Time Prepared: 5/26/2017 1:14 pm

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		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	793	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	-793	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	1,102,245	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	30,998	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	26,157	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	27,456	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	2,186	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	3,385	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	1,191,634	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	1,191,634	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	1,191,634	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	1,191,634	29.00
30.00	OTHER	0	-3,055	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	1,188,579	31.00
31.01	Sequestration adjustment (see instructions)	0	23,772	31.01
32.00	Interim payments (see instructions)	0	1,164,807	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-0002 | HHA CCN: 15-7536 | Period: From 01/01/2016 To 12/31/2016 | Worksheet H-5 | Date/Time Prepared: 5/26/2017 1:14 pm

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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,164,807	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			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			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. H-4, Part II, column as appropriate, line 32)		0		1,164,807	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,164,807	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0002	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/26/2017 1:14 pm
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		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	4,057,627	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	15,552	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)	239.11	3.00
4.00	Number of interns & residents (see instructions)	2.98	4.00
5.00	Indirect medical education percentage (see instructions)	0.35	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)	14,202	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	9.83	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	31.24	8.00
9.00	Sum of lines 7 and 8	41.07	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.68	10.00
11.00	Disproportionate share adjustment (see instructions)	352,202	11.00
12.00	Total prospective capital payments (see instructions)	4,439,583	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